

UNDERGRADUATE STUDIES: DIRECT APPLICATION FORM

The categories of applicants listed below who are seeking admission to the University, are required to apply directly to DCU using this form. Please indicate with a tick (✓) the category under which you are applying.

<input type="checkbox"/>	<p>Applicants presenting Non-EU School Leaving Qualifications for full-time/part-time undergraduate degree programme. Closing date for submission of applications is 1st July. (Please note that Non-EU applicants applying for the B.Sc. in Nursing (4 year degree) must apply through the Central Applications Office (www.cao.ie) by 1st February).</p> <p><i>Please return completed form, signed, including all necessary supporting documentation and the appropriate (non-refundable) application fee of €60 by cheque, postal order or bank-draft to Non-EU Undergraduate Admissions, International Office, Dublin City University, Dublin 9, Ireland.</i></p>
<input type="checkbox"/>	<p>Transfer applicants from another Higher Education Institution – Closing date for submission of applications is 01st July. For further information, please refer to, http://www4.dcu.ie/registry/transfer.shtml Please note that transfer to final year of some programmes is restricted. (FETAC Level 5 applicants must apply through the CAO by 1st February).</p> <p><i>Please return completed form together with the necessary supporting documentation and the appropriate (non-refundable) application fee of €35 by cheque, postal order or bank-draft to the Admissions Office, Registry, Dublin City University, Dublin 9.</i></p>
<input type="checkbox"/>	<p>DCU Internal Transfer: For existing DCU students who want to apply for entry to any year other than year 1 of a programme. Closing date for applications is 1st July. Please note that transfer to final year of some programmes is restricted. See page 6 for details/requirements.</p> <p><i>Please return completed form together with the necessary supporting documentation and the appropriate (non-refundable) application fee of €35 by cheque, postal order or bankdraft to the Admissions Office, Registry, Dublin City University, Dublin 9.</i></p>

Transfers, both internal and external, to Nursing Programmes are restricted due to the limited number of places available.

Please complete this form in BLOCK LETTERS using BLACK ink. All questions must be answered. DO NOT leave blanks.

Surname: _____ First Name(s): _____

NAME AS ON BIRTH CERTIFICATE (if different from above):

Surname: _____ First Name(s): _____

DATE OF BIRTH: ___ / ___ / ___ **GENDER:** Male Female

CITIZENSHIP: _____ **COUNTRY OF BIRTH:** _____

PPS NUMBER (If applicable) _____

COUNTRIES OF RESIDENCE

Please indicate the countries in which you were ordinarily resident for the 5 years preceding the date of this application:

Country:	From: MM/YY	To: MM/YY

ENGLISH LANGUAGE COMPETENCY (for non-native speakers of the English language only):

Non native speakers of English must provide proof of competence in the English language. Please see the DCU web page at <http://www4.dcu.ie/registry/english.shtml> for details of the minimum standard required. Copies of completed IELTS, TOEFL examinations etc must be submitted with your application.

**DETAILS OF FURTHER EDUCATION / PROFESSIONAL EDUCATION (IF ANY)
(Transcripts to be included)**

In chronological order moving from left to right:

Institution Attended		
Period of Attendance		
Name of Programme		
Duration of Programme		
Full-Time or Part-time		
Title of Award (if any)		
Name of Awarding Body		
Have you completed the programme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No' please indicate		
<ul style="list-style-type: none"> • Period Completed to Date: • Date on which Final Results will be available: 		
Level/Class of Award		
Main subject areas studied, with marks or grades obtained; continue on a separate sheet if necessary.		

DETAILS OF OTHER ACADEMIC, PROFESSIONAL DISTINCTIONS AND CONTINUING EDUCATION:
(if there is insufficient space please use a separate sheet and enclose with application)

EMPLOYMENT SINCE LEAVING FULL-TIME EDUCATION IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT:

Name and Address of Employer	Capacity in which you were employed	Dates	
		From	To

GENERAL INFORMATION

Why did you choose the programme that you are applying for, and which type of career or occupation do you hope to pursue as a result of taking this programme?

Have you any work experience in this area? If so, give brief details.

What attributes or characteristics do you feel you have which make you particularly suitable for this career or occupation? : _____

Other information deemed relevant to the application: _____

It is not a mandatory requirement for an applicant to disclose their disability if they do not wish to do so. However, where a student chooses to disclose their disability, it is advisable to notify the DCU Disability Service on acceptance of a programme place so as to enable the Disability Service to provide reasonable supports to the student during their time at DCU. No applicant will be disadvantaged as a result of disclosing information pertaining to a Medical Condition/Disability. Intending applicants may contact the disability service on tel: +353 (01) 7005927 or email: disability.service@dcu.ie for further information.

REFEREE CONTACT DETAILS: (The Registry will assume permission to contact referees unless an applicant has stated otherwise.)

Name of Referee _____	Name of Referee _____
Position in organisation _____	Position in organisation _____
Address _____	Address _____
_____	_____
_____	_____
Tel.No. _____	Tel.No. _____

DECLARATION:

I certify that the information given in this application is correct and I hereby undertake, if admitted as a student member of Dublin City University, to observe and comply with all the regulations of the University.

Signature of Applicant: _____ **Date:** _____

Return the completed application form, ensuring that you have signed the declaration above together with the necessary supporting documentation and the appropriate (non-refundable) application fee (€35 for EU applicants/€60 for non-EU applicants) by cheque, postal order or bank-draft as follows:

REMINDER CHECKLIST:

1. Certified copies of original transcripts of results. Please do not send originals. Copies must be stamped by conferring university
2. Application fee (€35 for EU applicants/€60 for non-EU applicants)
3. Photocopy of Birth Certificate

Non-EU applicants (Where Applicable)

- Evidence of competency in the English language
- Certified translation into English of results/qualifications

• **Postal Addresses for submission of form:**

- Non-EU Students only: Non-EU Undergraduate Admissions, International Office, Dublin City University, Dublin 9, Ireland. All others: Student Enrolment, The Registry, Dublin City University, Dublin 9.
- Telephone: +353-(0)1-700 5338; Fax: +353-(0)1-700 5504; E-mail: registry@dcu.ie; DCU Web; <http://www.dcu.ie/registry/applications.shtml>

Internal Transfer Applicants (Advanced Entry)

Existing DCU Students:

Please tick as appropriate :

I am a 1st 2nd 3rd year student. My student ID number is : _____.

I am seeking a transfer into 2nd 3rd year of a programme within the same faculty
within another faculty **Please note that students who have been asked to officially withdraw, or who
withdraw of their own volition, from DCU cannot avail of the Internal Transfer Process.**

I have passed all semester 1 assessments / examinations.

I have passed all semester 2 assessments / examinations.

I have met the specific programme entry requirements for my proposed programme.

I have received permission from the two Chairs concerned for this transfer and have obtained their signatures on this form.

I have also provided them with a copy of my current transcripts and these are also attached. **(Transcripts can be downloaded from the link on your portal page free of charge.)**

If you have answered yes to all the above, please return this form to the Registry with the fee of €35 to reach us no later than 1st July.

Internal Transfers: Chairpersons of Programme Boards

As **Chairperson** of the _____ Programme Board,

from which the transfer is sought, I certify that the Standing Committee of this Programme Board has agreed
has not agreed to this transfer (tick as appropriate).

In the event that the request is not granted please indicate the grounds for refusal:

Signed: _____ Date: _____

.....

As **Chairperson** of the _____ Programme Board,

to which the transfer is sought, I certify that the Standing Committee of this Programme Board has agreed
has not agreed to this transfer (tick as appropriate).

I have also reviewed the transcripts presented by the student and confirm that they have met the programme entry requirements.

Other criteria (e.g. availability of places on programme): _____

Year being offered: Year 2 Year 3

Signed: _____ Date: _____