CTYI Application Form 2020

PLEASE TYPE OR PRINT LEGIBLY IN INK. BE SURE TO COMPLETE ALL INFORMATION

Student Information

CTYI Student No.	(as per ma	iling envelope)			
Full NameLast Name	Fii	st Name			M.I.	
Date of Birth:/	Gender:	s	tudent N	∕lobile No		
Home Address:						
Home Tel No.	Student Er	nail				
School Name				Yea	r at Schoo	l
	Family Inforn	nation				
Parent/Guardian 1	Pa	rent/Guardian	2			
Last Name First Name	e La	st Name		Fii	rst Name	
Relationship to Student	Re	lationship to Stu	udent			
Address (if different)	Ac	Idress (if differe	nt)			
Home # Work #		ome #		Work	#	
Mobile #	M	obile #				
Email Address	Er	nail Address				
Custodial Parent Who is the custodial parent of student? [] Parent/Guardian 1						
Parent/Guardian 2 Both	Office Use Only	Date Rec	Pay by	Amount	Auth Code	Date of Trans

Balance

Other ____

Course Request

Other (please specify)

Indicate your chosen courses in order of preference (1 = 1st preference, etc.). Your choices may include a number of different courses and/or a number of different sessions.

COURSES ARE ALLOCATED ON A FIRST COME FIRST SERVED BASIS.

SESSION 1 June 21 st - July 10 th		SESSION 2 July 12 th – July 31 st	
Course	Choice #	Course	Choice #
Celtic Studies		Astronomy	
Computer Science		American Culture & Politics	
Criminology		Architecture	
Educational Psychology		Biomedical Engineering	
Environmental Science		Clinical Psychology	
Game Theory		Computer Science	
Law		Criminology	
Medicine		Japanese Language & Culture	
Middle Eastern Studies		Law	
Neuroscience		Medicine	
Popular Fiction		Neuroscience	
Pharmacology		Philosophy	
Philosophy		Speech Therapy	
Sociology		Statistics & Data Analytics	
Theoretical Physics		Theoretical Physics	

	Theoretical Physics			THEOTELICAL	PTIYSICS		
	stand that the course of the c			re my own, and I a	_	cept prefere	nce choices
Stay I	Residentially Or	Commute	?				
	Students Name	requests a	ı F	Residential place (plea	Commuter ase circle)	place	
Please n	ote, students may NOT ch	oose their room	mates.				
-	ial Needs our child have any spec	ial educationa	ıl needs	? (Please circle a	as appropriate)		
Dyslexia	a Dyspraxia	Dyscalc	ulia	ADHD	Asperger's	Syndrome	ODD

Student Signature

Date

THIS STATEMENT MUST BE READ CAREFULLY, THEN SIGNED AND DATED BY APPLICANT.

I have read the materials describing the 2020 CTYI Summer Programme, and I fully understand that eligibility for the programme is based on Talent Search scores or educational psychologist's report.

If accepted, I will follow the guidelines and rules established for all aspects of the programme. I realise that if I do not, I may be required to leave the programme without refund, and that furthermore, this may result in my not attending CTYI classes in the future.

I will complete all tests and surveys that CTYI	deems necessary in evaluating programme effectiveness.
*Signature of Applicant (student)	*Date
Parents/Guardians Conse	nt Form
This statement must be read carefull guardians.	ly. It must be signed and dated by the applicant's parents or legal
my child, and I approve of my child's applications I consent and agree that the personal data reprocessing this application for this course. The then destroyed. CTYI will be the data control	ibing the 2020 CTYI Summer Programme, including the preceding statement signed by ation for admission. elating to the applicant provided on this form will be used by CTYI for the purposes of his personal data will be retained until your child reaches the age of 21 years old and ler in respect of such personal data. For further information on CTYI's data processing, see our website http://www.dcu.ie/ctyi/CTYI-Policies.shtml
are unable to place my child on any of his or available, or if my child has documented med Tuition fees may be refunded on a prorated I certified medical conditions.	basis only for serious non-academic reasons, such as the applicant's withdrawal for
must be paid in full before my child arrives of am responsible for any medical costs incurred understand that I am responsible for any lost negligence of my child and that I will also be the site. I am responsible for any incidental expenses I give permission for my child to participate in I realise that CTYI reserves the right to ask the	It is my responsibility and that all student fees must be paid by due dates. All fees on campus. Student registrations may be withdrawn for accounts with unpaid balances. ed by my child while enrolled in the programme. ss, damage or injury sustained by third parties as a result of the willful activities or responsible for the cost of repairing or replacing any property that my child damages at which are not covered by fees.
work published. I underst	ild to be videotaped, photographed, interviewed, and/or have a sample of his or her tand that CTYI will exercise discretion regarding media contact. nit my child to complete all tests and surveys that CTYI deems necessary in evaluating
*Signature of Parent/Guardian 2	

Application & Fee Deadlines

Closing Date for Applications	Friday, 3rd April 2020
Balance of Fees Deadline	Friday, 8th May 2020

Please Note:

Course & Residential places are allocated on a first-come, first-served basis.

Residential Application Fee Payment Form

ent Name	Da	ite of Birth	Student	Number	
Credit & Debit Card	d Payment	t			
Please charge my:	Visa	MasterCard	Laser	(please	e circle)
Credit/Debit Card	d Number				
Card Expiry Date		Name of Card Hol	der (please print,)	
Tick Amount to b	be Taken:	Part Payment (ba	lance of fees due 8	th May)	Full Payment ☐ €2700
Signature of Card	dholder				
Please be aware pa	ayments wi	ll be processed imi	nediately upon	receipt of v	your application.
	-	cannot be allocate			
Cheque, Bank Draft	Places		d without payn		
Cheque, Bank Draft Please make cheques p Name on the back of the lapplication form. Use forms will be sent with	Places It or Posta payable to " the cheque. e the balance	I Order Paymen CTYI" and cross with If paying by this more of fees form when	d without payn t h words <u>Accour</u> ethod, please at	nent. nt Payee On tach this for	rm to the
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Commuter Application Fee Payment Form

Credit & Deb	it Card Paymer	nt			
Please charge m	y: Visa	MasterCard	Laser	(pled	ase circle)
Credit/D	 ebit Card Number				
Card Exp	iry Date	Name of Card Ho	lder (please print)		
Tick Am	ount to be Taken:	Part Payment (ba	nlance of fees due 8t	th May)	Full Payment ☐ €1350
 Signatur	e of Cardholder				
Please be a	ware payments w	vill be processed im	mediately upon	receipt of	of your application
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Please be a		vill be processed im		_	of your application
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