Card Fee Declaration - 2023-24

TO BE SUBMITTED TO GRADUATE STUDIES OFFICE BY

Friday 30th June 2023

Student Name:		
ID number:		
		Please tick
FACULTY:		as appropriate
Institute of Education		
Faculty of Humanities & Social S	ciences	
Faculty of Engineering & Compu	ting	
Faculty of Science & Health		
DCU Business School		
Year of study that student will be	be registering as in 2023-24:	· ·
Registering as a full-time or part-time student:		
		Please tick
		as appropriat
Annual progression		
I can confirm that to facilitate m Annual Progress Report process		

	PGR14 Request for Extension to Maximum tted to Registry by Thursday 3 rd August 2023		
PGR4 notification of int	ention to submit		
a) I can confirm that a <i>PGR4</i> Notifinal has been submitted to Registry	ication of Intention to Submit Thesis for Examination		
or			
b) I can confirm that a PGR4 will I	be submitted to Registry by Thursday 3rd August 2023		
Accounting for time awa	ay from study: to be signed by student		
during my study due to any form or otherwise), personal circumsta taken account of as per university	t time I (the student) may have had at any time of illness (recognised by DCU Disability Services nces, maternity leave etc. has previously been y regulations and I declare that as of today's arther bearing on my ability to submit the soft y 8th December 2023.		
Student Signature			
Supervisor Signature			
Date			
Card Fee payment: €150 to be paid by Friday 28 th July 2023 I confirm that (a) the €150 Card Fee and (b) the Balance should the soft bound thesis not be submitted on or before Friday 8 th December 2023, is to be paid to the Fees Office as follows: (a) €150 Card Fee			
Card Fee to be paid by student	Yes / No (please circle as appropri	iata	
Sala ree to be pula by studelit	Yes / No (please circle as appropri	ate)	
Card Fee to be paid from this cost (GSO will arrange for the €150 dec			

(b) Balance should thesis not be submitted by	y Friday 8" Dec	ember 2023
Balance to be paid by student	Yes / No	(please circle as appropriate)
	If Yes, student	to sign here:
Balance to be paid from this cost centre		
(GSO will arrange for deduction of balance)		
NB: Please complete both (a) and (b) and stude	ent to enter thei	ir signature as appropriate.
Incomplete forms will invalidate an application appropriate.	. Cost centre/su	ıbcost codes to be included as

This Card Fee Declaration is submitted by:

STUDENT SIGNATURE:	
SUPERVISOR NAME (print name)	
SUPERVISOR SIGNATURE	
DATE OF THIS APPLICATION:	