

University Use Only

# UNDERGRADUATE STUDIES: NON-EU UNDERGRADUATE APPLICANTS

If you are unsure on your eligibility contact International.office@dcu.ie +353-(0)1-700 7411

DCU Web; http://www.dcu.ie/International

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|  | **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](http://www.cao.ie) by 1st February). Please return completed form, signed, including all necessary supporting documentation by email to international.office@dcu.ie **Payment details below** for (non-refundable) application fee of €60**.**  |
|  | **Payment details**Payment can be make via the following [link](https://dcu.sybernetsps.ie/dcupayments/dcu/) at DCU Online Payment Portal <https://dcu.sybernetsps.ie/dcupayments/dcu/> When making the payment, please provide name, phone number and email address. Please choose Registry - Direct Application €60 Non EU in the drop down menu under “payment category”. Please include payment reference number on the form.**Insert payment reference number:** |

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

**FAMILY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **FIRST NAME(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **DATE OF BIRTH:** \_\_\_ / \_\_\_ / \_\_\_ **GENDER:** Male Female

CITIZENSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PPSN: (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:

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| --- | --- | --- |
| **Country:** | **From: MM/YY** | **To: MM/YY** |
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**ADDRESS FOR CORRESPONDENCE: OTHER CONTACT DETAILS:**

 (Please notify us if your address changes.)

 Home Telephone:

 Mobile Telephone:

 Work Telephone:

**Email Address** (Print clearly):

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TITLE(S) OF THE PROGRAMME(S) FOR WHICH YOU ARE APPLYING FOR ADMISSION IN ORDER OF PREFERENCE (you can apply for up to 3 programmes on this application form). Information on courses and the Programme codes are available at **http://dcu.ie/courses**

1st Preference: Programme Code: DC: \_\_\_\_\_\_\_\_\_\_

Undergraduate Degree Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Preference: Programme Code: DC: \_\_\_\_\_\_\_\_\_\_

Undergraduate Degree Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Preference: Programme Code: DC: \_\_\_\_\_\_\_\_\_\_

Undergraduate Degree Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECONDARY SCHOOL EDUCATION

Name and Full Postal Address Dates of Attendance

(i) from to

SECONDARY/HIGH SCHOOL FINAL YEAR RESULTS

(Please ensure that an official certificate of results is included. A certified translation into English must be provided

for results from non-English speaking countries):

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| --- | --- | --- |
| Second Level School Attended: | Date of Attendance: | Address of School: |
|  |  |  |

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| --- | --- |
| Subjects Taken: | Results: |
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**ENGLISH LANGUAGE COMPETENCY (for non-native speakers of the English language only):**

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| **Non-native speakers of English must provide proof of competence in the English language. Please see the DCU web page at <http://www.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.** |

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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REMINDER CHECKLIST:**

1. **Certified copies of original transcripts of results Please do not send originals**

**Copies must be stamped by conferring university**

1. **Paid online & Payment reference (60 for non-EU applicants)**
2. **Photocopy of Birth Certificate**

*Non-EU applicants (Where Applicable)*

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