

University Use Only

# 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. NON EU Applicants should complete the **IO10 form**. Please indicate with a tick (✓) the category under which you are applying. If you are unsure on your eligibility or category please contact Registry at [registry@dcu.ie](mailto:registry@dcu.ie); **Telephone**: +353-(0)1-700 5338; DCU Web; <http://www.dcu.ie/registry/applications.shtml>

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| --- | --- |
|  | **Transfer** **applicants from another Higher Education Institution** – Closing date for submission of applications is **1st 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). Please return completed form together with the necessary supporting documentation and the appropriate (non-refundable) application fee of €35 by email to [ugadmissions@dcu.ie](mailto:ugadmissions@dcu.ie) **Payment details below.** |
|  | **DCU Internal Transfer:** Forexisting **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.** Please return completed form together with the necessary supporting documentation and the appropriate (non-refundable) application fee of €35 by email to the Admissions Office [ugadmissions@dcu.ie](mailto:ugadmissions@dcu.ie) **Payment details below.** |
|  | **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 (R10) - €35EU in the drop down menu under “payment category”. Please include payment reference number on the form.  **Insert payment reference number:** |

**Note:**

* Transfers, both internal and external applications, to Nursing Programmes are restricted due to the limited number of places available.
* Some DCU programmes will require all applicants to meet the CAO Points and programme specific entry requirements.

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

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:

|  |  |  |
| --- | --- | --- |
| **Country:** | **From: MM/YY** | **To: MM/YY** |
|  |  |  |
|  |  |  |
|  |  |  |

**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). **Transfer Applicants: Internal applicants should only indicate a first preference. External applicants may indicate 3 preferences but may only be assessed for 2nd or 3rd preferences where vacant places still exist.**

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

from to

FINAL SCHOOL LEAVING EXAMINATION RECORD

(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):

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

|  |  |
| --- | --- |
| 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://www4.dcu.ie/registry/english.shtml**](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?**  **If ‘No’ please indicate**   * **Period Completed to Date:** * **Date on which Final Results will be available:** | Yes No | Yes No |
| **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**](mailto: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 1 Name of Referee 2

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) See Payment Details on page 1.**

**Please send your application to:**Undergraduate Admissions: by email to ugadmissions@dcu.ie

**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 (€35 for EU applicants)**
2. **Photocopy of Birth Certificate**

**Transfer Applicants**

**Existing DCU Applicants**

Please tick as appropriate:

I am a 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**. (DCU students can download their transcripts 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 online payment reference number for fee of €35 to reach us no later than 1st July.**

Special Note: If you are applying to transfer into the 1st year of the Bachelor of Education programmes (DC002/DC003/DC004) you MUST also meet the CAO points for the programmes.

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# 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[[1]](#footnote-1) 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 

**Exemptions**

I certify that the FTLC Committee of this Programme Board[[2]](#footnote-2) to which the transfer is sought has agreed

has not agreed to granting exemptions (tick as appropriate).

Please list module codes for approved module exemptions:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Data Protection Notice**

**Data Protection Notice**:  Personal information that you submit to Registry in connection with any service provision will be treated in accordance with the Registry Data Protection Notice, which can be viewed at the following website address: <https://www.dcu.ie/registry/data-protection-notice.shtml>

1. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)