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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; **Telephone:** +353-(0)1-700 5338; DCU Web; <http://www.dcu.ie/registry/applications.shtml>

<input type="checkbox"/>	<p>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 Payment details below.</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. 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 Payment details below.</p>
	<p>Payment details Payment can be made via the following link at DCU Online Payment Portal https://dcu.cybernetsps.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:</p> <div style="border: 1px solid black; width: 300px; height: 25px; margin-left: 100px;"></div>

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) _____

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:

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? If 'No' please indicate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<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 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**
2. **Paid online & Payment reference (€35 for EU applicants)**
3. **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.

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 Board¹ 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 Board² 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: _____

Dublin City University is not responsible and shall not be bound by errors in or omissions from this publication; the University reserves the right to revise, amend, alter or delete programmes of study and academic regulations at any time by giving such notice as may be determined by Academic Council in relation to any such change.

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>
