

University Use Only



RE-ADMISSION: DIRECT APPLICATION FORM

Applicants who are former students of Dublin City University (or its incorporated Colleges where DCU accredited awards were granted) seeking re-admission to the University, are required to apply directly to DCU using this 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;

nttp://www.dod.io/registry/applications	<u> </u>								
exceeds eight years. Exemptior	olying to their previous programme of stud is for modules already completed may be, ght from the Programme Chairperson. Clo	approved by the University post-entry.							
longer running. Entry is subject complete Section C of this for	ng for re-admission to another programme to meeting entry requirements of the new rm. Exemptions for modules already comp formation can be, sought from the Prograr	programme. <u>Please ensure to</u> pleted may be, approved by the							
request to exit from their progra	Former students who are applying for re-admission to a programme, which is no longer running. Students can request to exit from their programme with a lesser alternative award by downloading and completing a R42 form, from the following link http://www.dcu.ie/registry/applications.shtml and submitting it along with this form to								
SECTION A – BIOGRAPHICAL Please complete this form in BLOCK LETTERS using BLACK ink. All questions must be answered. DO NOT leave blanks.									
NAME (AS ON DCU RECORD):	First None (a)								
Surname:									
DATE OF BIRTH: //	DATE OF BIRTH:/ GENDER: Male								
CITIZENSHIP: COUNTRY OF BIRTH:									
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: (Please notify us if your address changes.)						OTHER CONTACT DETAILS:														
								Home Telephone:										_		
						Work Telephone:								_						
Er	nail A	ddress	(Print	clea	rly):															
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e e	CTIO	N D _ E	DE AD	MICC	SION D	ET A II														
		N B – F																		
		lent ID																		
2.	Date	of Init	ial Re	gistra	ation a	at DCl	J (or	Inco	rpora	ted Co	llege):								
3.	Aca	demic	Sessi	on in	which	you l	last r	egis	tered	on pro	ogran	nme:								
4.	Prog	gramme	e for v	vhich	you a	re ap	plyin	g for	re-ad	dmissi	on:									
De	gree	Title: _																		
5.	Alte	rnative	Prog	ramn	ne (wh	ere pr	evio	us P	rogra	mme d	of Stu	dy is	s no lo	onger	activ	e) :				
De	egree '	Title: _																		
																	regi	strati	ion perio	d?
Υe	_	_			•							•					J		•	
	Reas		prog	ramn															ve been	-
lf ı	eleva	nt, plea	ase su	ıbmit	medic	cal or	othe	r dod	cume	ntatior	with	this	form	for re	view	by P	rogr	amm	e Chair.	_
8.	Reas	son for	re-ad	lmiss	ion re	quest	:													_
																				-

SECTION C - SCHOOL EDUCATION RECORD

Please complete this section if you are Category 2 applicant

SECONDARY SCHOOL EDUCATION Name and Full Postal Address		Dates of	Attendance		
(i)			to	,	
FINAL SCHOOL LEAVING EXAMINA (Please ensure that an official certificate		rtified translation	into English	must, be provi	ded
Date of Attendance:	Address of School:				
Subjects Taken:	Results:				
ENGLISH LANGUAGE COMPETENC	Y (for non-native speaker	s of the English	n language o	nly):	
Non-native speakers of English r					
DCU web page at http://www4.d Copies of completed IELTS	<mark>cu.ie/registry/english.sht</mark> , TOEFL examinations et	ml for details of c. must be subi	the minimun mitted with y	m standard re our application	equired. on.
EMPLOYMENT SINCE LEAVING FUL MOST RECENT:	L-TIME EDUCATION IN C	CHRONOLOGIC	AL ORDER B	BEGINNING W	ITH THE
Other information deemed relevant to t	he 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.

Name of Referee	Name of Referee
Position in organisation	Position in organisation
Address	Address
Tel.No	Tel.No.
DECLARATION:	
The although a transfer of the state of the second section of the section of	
of Dublin City University, to observe and comply with	s correct and I hereby undertake, if admitted as a student member all the regulations of the University.
	all the regulations of the University.
of Dublin City University, to observe and comply with Signature of Applicant: Return the completed application form, ensuring to	all the regulations of the University.
of Dublin City University, to observe and comply with Signature of Applicant: Return the completed application form, ensuring to necessary supporting documentation and the applicants/€60 for non-EU applicants) (Payment can be make via the following link at DC https://dcu.sybernetsps.ie/dcupayments/dcu/ When reference and comply with	Date:
of Dublin City University, to observe and comply with Signature of Applicant: Return the completed application form, ensuring to necessary supporting documentation and the applicants/€60 for non-EU applicants) (Payment can be make via the following link at DC https://dcu.sybernetsps.ie/dcupayments/dcu/ When remail address. Please choose Registry - Direct Application in the complete statement of the co	Date:

SECTION D

Chairpersons of Programme Board

As Chairperson of the		Programme Board,						
I certify that the Standing Committee of	this Programme Board has agree	d 🗌	has not agreed	to this re-admission.				
In the event that the request is not grante	ed please indicate the grounds for	refusa	1:					
Signed:	Date:							
FOR CATEGORY 2 STUDENTS - It have met the programme entry requirem offered.	nave also reviewed the transcripts	s preser	nted by the stude their previous p	ent and confirm that they rogramme is no longer				
Study Period being offered: Year 1	Year 2 Year 3							
			1	te the number of credits				
Conditions attached to this re-admissi	on request, if any							
Approved date of re-entry to program	me:							
Proposed maximum completion time	for programme:							
Exemptions								
I certify that the FTLC Committee of thi	s Programme Board to which the	re-adr	nission is sough	t has				
agreed ☐ has not agreed ☐ to g	ranting exemptions (tick as appro	opriate)						
Please list module codes for approved m	odule exemptions:							
				_				
				_				
Dublin City University is not responsible and sl right to revise, amend, alter or delete programm by giving such notice as may be determined by	es of study and academic regulations at	any time	•	University reserves the				

<u>Data Protection Notice</u>: 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

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/€60 for non-EU applicants)	
3.	Photocopy of Birth Certificate	
<u>N</u>	on-EU applicants (Where Applicable)	
	Evidence of competency in the English language	
	Certified translation into English of results/qualifications	