



# R26H - Application for registration

## As a Visiting Research Postgraduate Student on a Structured multi-institutional research



**Application is made by:**

- Completing the attached form
- Attaching 1 passport-sized photograph
- Including appropriate signatures

**Please indicate with a ✓ the category under which you are applying:**

- Attending an accredited module(s) as part of a multi-institutional postgraduate research programme that is underpinned by a specific institutional collaborative agreement   
Please indicate title of agreement \_\_\_\_\_
- Attending as a visiting research student as part of an International Consortium Agreement   
Please indicate title of agreement \_\_\_\_\_

**DCU facilities made available to students upon registration:**

- Access to the computer network, Moodle, Library & Student Services
- Entitlement to apply for student membership of the Sports Centre & The Hub Student Centre
- Insurance as a DCU student
- Student ID card

**PLEASE COMPLETE IN BLOCK CAPITALS**

**Your details:**

<b>First name:</b> _____	<b>Surname:</b> _____
<b>Permanent address:</b> _____ _____ _____	<b>Temporary address:</b> _____ _____ _____
<b>Home telephone:</b> _____	<b>Mobile number:</b> _____
<b>Email address:</b> _____	<b>Date of birth:</b> _____
<b>Country of Birth:</b> _____	<b>Nationality:</b> _____
<b>EU / non-EU:</b> _____	<b>Home institution:</b> _____

**Next of kin details (to be contacted in case of emergency):**

<b>First name:</b> _____	<b>Surname:</b> _____
<b>Permanent Address:</b> _____ _____	

Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Details of your programme & module(s) you are attending DCU to undertake\*:**

Name of structured programme / International Consortium Agreement:

\_\_\_\_\_

DCU Faculty or research centre, as applicable: \_\_\_\_\_

DCU module code:      DCU module title:      Semester:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**\*NOTE: Visiting students may only register for modules that are part of the agreed structure of the collaborative/consortium agreement**

**Registration duration & attendance type:**

Registration start date:      \_\_\_ / \_\_\_ / \_\_\_      Registration end date:      \_\_\_ / \_\_\_ / \_\_\_

Please indicate with a ✓ your attendance type:      Attendance only     

Attendance & assessment     

**All students MUST have this form signed by their Home Institution & attach a copy of the relevant inter-institutional agreement governing the student's programme of study**

Signed: \_\_\_\_\_  
Applicant

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

Signed: \_\_\_\_\_  
Supervisor in Home Institution

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_  
DCU Programme / Module Coordinator

Print Name: \_\_\_\_\_

**STUDENT 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 regulations of the University.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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>

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**PLEASE SUBMIT THE COMPLETED FORM & ATTACHMENTS TO REGISTRY**

**University Use Only:**

**Identification Checked & Copy Retained:** Yes:

**ID Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_