



R26 - Application to Register for DCU Accredited Modules

Introduction

Please complete this form if you wish to:

- Enroll on DCU accredited undergraduate or postgraduate modules
- Enroll for specifically identified modules to meet the requirements of the Teaching Council (subject to approval by Programme Chairperson)

Please Note:

Postgraduate Research Students who are part of a structured inter-institutional programme underpinned by a specific institutional collaborative agreement must register by using the [R26H form](#). Further information for international research students can be found on the website of the [Graduate Studies Office](#)

Visitors and/or contractors should complete the Visitor /Contractor I.D. Request Form available from the main DCU Reception.

Application is made by:

- Completing the attached form, having first identified the required modules and sought the permission from the relevant Faculty for enrolment
- Obtaining the signature of the programme Chairperson
- Providing proof of identity – a current passport is required
- Providing sufficient evidence of competency in the English Language (for Non-Native Speakers only)
- Paying the appropriate fee to the Finance Office, please ensure that payment has been made before returning to Registry for processing

Deadline of submission of form: **Semester 1** – By the 1st Friday of Semester One
Semester 2 – By the 1st Friday of Semester Two

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>

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.



PLEASE TICK APPROPRIATE CATEGORY:

- 1 Research students enrolling for module(s)
- 2 Student/Individual enrolling for module(s)

**APPLICANT DETAILS
PLEASE COMPLETE IN BLOCK CAPITALS**

First Name: _____ **Surname:** _____

Address in Ireland: _____

Telephone Number: _____ **Nationality:** _____

Email Address: _____ **Date of Birth:** _____

Mobile Number: _____ **Country of Birth:** _____

Personal Public Service Number (PPSN): _____

Home Address if different from above: _____

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

First Name: _____ **Surname:** _____

Address: _____

Telephone Number: _____

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 the regulations of the University.

Signature of Applicant: _____

Date: _____

To be completed by Registry Office: (Tick all applicable)

Identification Checked and Copy retained:

Meets English Language Requirements (Non-Native Speakers)

Garda Vetted (for specific modules)

Student Number: _____ **Date Registered:** _____



For Single Module Programme(s) please provide the following information:

Module Code:

Four empty rectangular boxes for Module Code

Module Semester:

Four empty rectangular boxes for Module Semester

Module Title(s): _____

Two horizontal lines for Module Title(s)

Applicant Declaration:

I have obtained details of the timetable for the above module(s) and confirm that, there is no timetable clash that will prohibit me, from fully engaging with this/these module(s).

Signed: _____ Date: _____

Applicants MUST have this form signed by the programme Chairperson or Associate Dean for Teaching and Learning:

Applicant Signature _____ Date: _____

Programme Chair: _____ Print Name: _____

Name of Faculty or Research Centre: _____ Contact No: _____

FEE INFORMATION

Applicants for Single Module Programme should contact the Finance Office in person or by telephone on 01 7005153 for fee details and to complete payment.

To be completed by Finance Office:

Finance Stamp:

Fee Paid by Applicant: Yes: No:

Signature: _____

Large empty rounded rectangular box for Finance Stamp