



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

One Passport
Photo

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:

First name: _____ Surname: _____

Permanent address: _____ Temporary address: _____

Home telephone: _____ Mobile number: _____

Email address: _____ Date of birth: _____

Country of Birth: _____ Nationality: _____

Personal Public Service Number (PPSN): _____

EU / non-EU: _____ Home institution: _____

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

First name: _____ Surname: _____

Permanent Address: _____

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	<input type="checkbox"/>
Attendance & assessment	<input type="checkbox"/>

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:** _____ / _____ / _____