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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. 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; Fax: +353-(0)1-700 5504; DCU Web; http://www.dcu.ie/registry/applications.shtml

700 3	504, DCO Web, http://www.dcd.ie/registry/applications.shtml
	Applicants presenting Non-EU School Leaving Qualifications for full-time/part-time undergraduate degree programme. Closing date for submission of applications is 1 st July. (Please note that Non-EU applicants applying for the B.Sc. in Nursing (4 year degree) must apply through the Central Applications Office (www.cao.ie by 1 st February). Please return completed form, signed, including all necessary supporting documentation and the appropriate (non-refundable) application fee of €60 by cheque, postal order or bank-draft to Non-EU Undergraduate Admissions, International Office, John Hand Library, All Hallows Campus, Dublin City University, Drumcondra, Dublin 9, Ireland.
	Transfer applicants from another Higher Education Institution – Closing date for submission of applications is 01 st 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 1 st February). Please return completed form together with the necessary supporting documentation and the appropriate (non-refundable) application fee of €35 by cheque, postal order or bank-draft to the Admissions Office, Registry, Dublin City University, Dublin 9.
	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 cheque, postal order or bank-draft to the Admissions Office, Registry, Dublin City University, Dublin 9.
Note: • • Pleas	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. 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.
	blanks.
Surna	me: First Name(s):
NAME	E AS ON BIRTH CERTIFICATE (if different from above):
Surna	me: First Name(s):

COUNTRIES OF RESIDENCE

DATE OF BIRTH:

CITIZENSHIP: ____

Please indicate the countries in which you were ordinarily resident for the 5 years preceding the date of this application:

GENDER:

Male ☐ Female

COUNTRY OF BIRTH:

/ /

Country:					From: MM/YY								To: MM/YY										
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Secor	nd Lev	el Sc	hool	Atter	nded	:		Date	of Atter	ndand	e:					Ad	dres	s of S	Schoo	ol:			

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?	Yes	No 🗌	Yes	No 🗌
If 'No' please indicate				
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.				

	TIME EDUCATION IN CHRONOLOGICA	AL ORDE	R BEGINNING WITH
lame and Address of Employer	Capacity in which you were employed		Dates
		From	То
LINEOPMATION			
	ou are applying for, and which type of ca	areer or o	ccupation do you hor
a result of taking this programm	e?		
any work experience in this area	? If so, give brief details.		
,			
	eel you have which make you particularly	v suitable t	for this career or
••••			
	L INFORMATION Ou choose the programme that yes a result of taking this programm any work experience in this area	L INFORMATION You choose the programme that you are applying for, and which type of case a result of taking this programme? any work experience in this area? If so, give brief details.	L INFORMATION You choose the programme that you are applying for, and which type of career or or a result of taking this programme? any work experience in this area? If so, give brief details.

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 as stated otherwise.)	ssume permission to contact referees u	unless an applicant has
Name of Referee	Name of Referee	
Position in organisation	Position in organisation	
Address	Address	
Tel.No.	Tel.No.	
DECLARATION:		
I certify that the information given in this application is of Dublin City University, to observe and comply with a		tted as a student member
Signature of Applicant:	Date:	
Return the completed application form, ensuring the necessary supporting documentation and the appropertion applicants/€60 for non-EU applicants) by cheque, pon-EU Students only: Non-EU Undergraduate Admit Campus, Dublin City University, Drumcondra, Dublin 9	opriate (non-refundable) application costal order or bank-draft as follows issions, International Office, John Hand	rfee (€35 for EU :
All others: Student Enrolment, The Registry, Dublin C	City University, Dublin 9.	
REMIND	DER CHECKLIST:	
Certified copies of original transcripts of result Copies must be stamped by conferring univers		
2. Application fee (€35 for EU applicants/€60 for n	non-EU applicants)	
3. Photocopy of Birth Certificate		
Non-EU applicants (Where Applicable)		
Evidence of competency in the English lar	nguage	
Certified translation into English of results	s/qualifications	

Transfer Applicants Existing DCU / Applicants from Incorporating Institutions:

Please tick as appropriate:
I am a 1 st \square 2 nd \square year student. My student ID number is:
I am seeking a transfer into: 1st \square (Applicants from Incorporating Institutions only) 2nd \square 3rd \square year of a programme within the same faculty \square within another faculty \square
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 fee of $\mbox{\em e}35$ to reach us no later than 1^{st} 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 Boar	d,
from which the transfer is sough has not agreed to this transfer	ght , I certify that the Standing Committee of this Programme Board has ager (tick as appropriate).	reed 🗆
In the event that the request is no	ot granted please indicate the grounds for refusal:	
Signed:	Date:	_
		••
As Chairperson of the	Programme Bo	oard,
has not agreed to this transf I have also reviewed the transcriprequirements.	I certify that the Standing Committee of this Programme Board ¹ has agreeder (tick as appropriate). Possible presented by the student and confirm that they have met the programme	
	places on programme):	_
Year being offered: Year $1 \square Y$	ear 2 Year 3	
Exemptions		
I certify that the FTLC Committee has not agreed ☐ to granting e	ee of this Programme Board ² to which the transfer is sought has agreed xemptions (tick as appropriate).	
Please list module codes for appr	oved module exemptions:	
Signed:	Date:	
right to revise, amend, alter or delete p	ble and shall not be bound by errors in or omissions from this publication; the University re rogrammes of study and academic regulations at any time nined by Academic Council in relation to any such change.	eserves the
<u>Data Protection Notice</u>		
be treated in accordance with the	al information that you submit to Registry in connection with any service p DCU Data Protection Policy, which can be viewed at the following websit/files/policy/25data_privacy_policy_v3.pdf	