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

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 DCU Data Protection Policy, which can be viewed at the following website address: https://www.dcu.ie/sites/default/files/policy/25_data_privacy_policy_v3.pdf

The University shall only process such information in line with the purpose for which you provide it and to the extent necessary to provide you with the information or service you require. The personal data may be disclosed to staff and agents of the University in order to support services to you. In addition, personal data may be disclosed to government departments, statutory bodies and funding agencies where this is required under legislation or for the provision of services. In order to ensure our records are correct we urge you to answer all relevant questions accurately. If your personal details should change, please let us know so that we can update our records.

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.
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: _________________________

Home Address if different from above: ____________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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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:  
Module Semester:  
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 attending the full requirements of the modules.

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:

Fee Paid by Applicant:  
Signature: ___________________________