

PART-TIME APPLICATION FORM

Academic Year: 20_/ 20_

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SECTION A – PERSONAL DETAILS

						:										
Surname :														 		
First Name :																
PPSN No ¹ :																
Mobile No ² :																
Email :														 		
Address :																
If you attended TU Dublin or DIT before, please state Programme Title & previous Student Number below:																
Programme Titl	e:							Stude	ent N	o :						
Gender : Male Female Date of Birth : day / month / year																
Nationality :									С	ount	ry of	Birth	ו:			

Is English your first language : Yes D No D (If No a proficiency language test maybe required).

If No please confirm your first language _____

SECTION B - PROGRAMME / MODULE REQUIRED

Programme Title: Building Engineering

Programme Code: TU - 021 Year : 1

List all modules for which you wish to register (if applicable).

Module / Programme	CRN (office use only)	Module / Programme	CRN (office use only)
(MATH 3200) Engineering Mathematics	32023	(REFG 3001) Air Conditioning Engineering	32026
(ENSY 3200) Renewable & Low Energy Technology	32024	(ACVB 3000) Acoustics	32027
(BDSV 3202) Fuels Combustion and Gas Services	32025		

SECTION C – PERSONAL STATEMENT

Please provide a personal statement giving details of why you wish to apply for the part-time programme in TU Dublin, attach separate sheet if necessary (Max. of 500 words).

SECTION D – FURTHER EDUCATION & RELEVANT WORK EXPERIENCE

Further Education: List details of your highest qualification obtained & attach copies of your results.

Dates: From – to	College / Higher Education Institute	Qualification Obtained

Employment History: List details of <u>relevant</u> work experience obtained & attach copy of your CV.

Dates: From – to	Company / Employer	Job Title			

List and attach evidence of any additional information / qualifications / experience that maybe relevant.

SECTION E – DISABILITY / SPECIAL NEEDS

If you have a disability / special needs or significant health problem, which we should know about, please give details below and attach relevant supporting medical documentation.

Declaration:

- I declare that the information given on this form is true and accurate, and if accepted, I agree to familiarise
 myself with and be bounded by the TU Dublin student regulations, a copy of which is available at the
 Registrations Office or from the web-link at <u>http://www.dit.ie/studentservices/</u>.
- I am aware that the part-time programme will require my attendance at TU Dublin for up to 1.5 daytime and 1 evening lectures per week and that my employer has given me permission to attend the programme as per the TU Dublin timetable.

Applicant Signature: _____

Date:

¹ Required for statistical returns by TU Dublin to the Higher Education Authority.

² Required by TU Dublin, in addition to your email address we may need to contact you by phone.

3 Please return completed application forms to: school.mechanicalengineering@tudublin.ie

For office use only:

Application Received Date : ____

Enrolment Authorised By : _____