 **TU Dublin City Campus**

 **Part Time Application Form - TU704**

 **Year: 2025/26**

**SECTION A – PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Surname:** |  |
| **First Name:** |  |
| **PPS No***[[1]](#endnote-1)***:** |  |
| **Mobile No***[[2]](#endnote-2)***:** |  |
| **Email address:** |   |
| **Home Address:**  |  |
| **Gender:**  |  |
| **Date of Birth:** |  |
| **Nationality:**  |  (please send a copy of your passport/ID with the application) |
| **Country of Birth:** |  |

If you attended a TU Dublin / DIT course before, please state programme title and previous student number:

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**Programme Title:**  **Student No**:

**SECTION B - PROGRAMME REQUIRED**

**Programme Title:** \_Higher Certificate in Civil Engineering \_ **Programme Code:** \_TU026\_\_ **Stage:** \_1\_\_\_

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Module / Programme** | **CRN** (office use only) | **Module / Programme** | **CRN** (office use only) |
| First Year Modules  |  |  |  |
| BULD 1014 Building Technology | 24570 | EMAT 1603 Eng Maths and Comp | 31194 |
| MANG 1060 Engineering Comms  | 24573 | ENSC 1603 Science for Eng 1 | 33662 |
| STRT 1603 Structural Mechanics | 14925 | ENSC 1604 Science for Eng 2 | 33664 |
| CIVL 1604 CAD & Graphics 1 | 22251 |  |  |

 **SECTION C – DISABILITY**

If you have a disability or significant health problem, please give details below and attach medical documentation.

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**SECTION D – FURTHER EDUCATION & EMPLOYMENT HISTORY**

Further Education: Please give details of highest qualifications obtained **and attach copies of results.**

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| --- | --- | --- |
| **Dates: From – to**  | **School / College / Higher Education Institute** | **Qualification Obtained** |
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Relevant Employment History:

|  |  |  |
| --- | --- | --- |
| **Dates: From – to** | **Employer** | **Job Title** |
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Please provide a **Personal Statement** outlining why you want to do the course. Give details of any other relevant information / qualifications / work experience that may be relevant to your application.

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**Declaration:** I declare that the information given by me on this form is true and accurate, and if accepted, I agree to familiarise myself with, and be bounded by, the regulations of the TU Dublin. Student regulations are available from the Registrations Office or http://www.dit.ie/qualityassuranceandacademicprogrammerecords/student-assessment-regulations/general/

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Required for statistical returns by TU Dublin to the Higher Education Authority.
* 2 Required by TU Dublin, in addition to your student email address we may need to contact you by phone.
* Tick if you do not wish to receive free SMS text messages 
* Please return completed application forms to: school.tce@tudublin.ie

**Office use only**

Enrolment authorised by: Date:

1. [↑](#endnote-ref-1)
2. [↑](#endnote-ref-2)