**TU Dublin City Campus TU115 Part Time Application Form**

**Date Stamp**

***Office Use Only***

**Year: 2025**

# SECTION A – PERSONAL DETAILS

Surname: First Name: PPS No*i*:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Mobile No*ii*: Email address:

Home Address:

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

|  |  |  |
| --- | --- | --- |
| Programme Title: |  | Student No: |
| Gender: | Male  Female  | Date of Birth: day / month / year |
| Nationality: |  | Country of Birth: |

# SECTION B - PROGRAMME REQUIRED

## Programme Title: \_ Programme Code: Stage:

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

|  |  |  |  |
| --- | --- | --- | --- |
| Module / Programme | CRN (office use only) | Module / Programme | CRN (office use only) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# SECTION C – DISABILITY

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

# SECTION D – FURTHER EDUCATION & EMPLOYMENT HISTORY

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

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

Relevant Employment History:

|  |  |  |
| --- | --- | --- |
| Dates: From – to | Employer | Job Title |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please give details of any other relevant information / qualifications / work experience that may be relevant to your application.

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. Please click here to view student policies & regulations.

## Applicant Signature: Date:

* Required for statistical returns by TU Dublin to the Higher Education Authority.
* 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 
* **NB: Please e-mail your completed** [**form to: law@tudublin.ie**](mailto:law@tudublin.ie)

Date:

Enrolment authorised by:

Office use only