

Application Form

Part-time & Evening Courses

The onus is on each applicant to ensure that he/she is applying for the correct course.
 Please read the guidelines prior to completing this form.

PLEASE USE BLOCK LETTERS AND BLACK INK

ALLOW A SPACE BETWEEN WORDS

PLEASE INDICATE THE COURSE FOR WHICH APPLICATION IS BEING MADE		PLEASE INDICATE IF THE FOLLOWING APPLIES
FULL TITLE OF COURSE (See Note 2 overleaf)	<input type="text"/>	TICK <input checked="" type="checkbox"/> APPROPRIATE BOX
COURSE CODE CR	<input type="text"/> - <input type="text"/> - <input type="text"/>	Exams only <input type="checkbox"/>
	Level 6-10 (See Note 3)	Repeat <input type="checkbox"/>
	Yr/Stage	
	Please refer to the College Handbook for the exact course title, code and level.	

SUBJECTS TO BE TAKEN (If known). Complete this section only if you are certain which subjects you are taking.

CAO/ID Number	<input type="text"/>	Title (Mr/Mrs/Ms etc.)	<input type="text"/>	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname (See Note 4 overleaf)	<input type="text"/>					
First Names	<input type="text"/>					
Home Address (See Note 5 overleaf)	<input type="text"/>					
Home Tel No.	<input type="text"/>	Mobile No.	<input type="text"/>			
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nationality	<input type="text"/>	
	Day	Month	Year			
Address while attending CIT (if different from above)	<input type="text"/>					
E-mail Address	<input type="text"/>					
Do you suffer from any disability or impairment? (See Note 7 overleaf)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PPS No.	<input type="text"/>		
The purpose of this question is to ascertain whether you require any special arrangements which will facilitate your attendance at classes or assist you in taking your examinations. If you tick this box you will be contacted subsequently. All information supplied will be treated confidentially.						

FOR OFFICE USE ONLY	BR <input type="checkbox"/>	AK <input type="checkbox"/>	CP <input type="checkbox"/>	HoD <input type="checkbox"/>
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Guidelines for the completion of the Application/Registration Form

1. This form must be completed by all applicants to **Part-time & Evening Courses**. A separate application form must be completed for each course for which you apply.
2. Please enter the full course title, course code and stage as per the CIT Handbook.
3. Please choose from one of the following course levels:
 - Higher Certificate (Level 6) • Bachelor Degree (Level 7) • Honours Bachelor Degree (Level 8)
 - Masters Degree (Level 9) • Postgraduate Diploma (Level 9) • Doctoral Degree (Level 10)
4. Please enter your full name and personal details.
THE NAME YOU ENTER HERE WILL APPEAR ON ANY PARCHMENT TO WHICH YOU ARE ENTITLED.
5. The address that you give here will be used for all correspondence. The Admissions Office should be notified of any change of address.
6. Applicants should indicate their current residency status.
7. In the sections “Relevant Work Experience” and “Any Further Information Relevant To The Application” please give as much information as possible to enable us to decide on your application.
8. If your first language is not English, you are required to provide certification of competence in English.
9. Non EU Applicants should indicate their current residency status and must attach a Stamp 4 Proof of Residency status, a copy of passport, and certified exam qualifications.
10. Please write your name and address on the acknowledgment card below, affix a postage stamp and return it with your application form.

PLEASE NOTE: STUDENTS ARE NOT REGISTERED ON THE COURSE UNTIL ALL FEES DUE ARE PAID IN FULL.

Students who are not fully registered are not entitled to avail of any of the Institute’s facilities and may not sit examinations.

ALL OFFERS OF PLACES ON CIT COURSES ARE MADE SUBJECT TO THE APPLICANT PROVIDING DOCUMENTARY EVIDENCE OF IDENTITY, QUALIFICATIONS, WORK EXPERIENCE AND, IN THE CASE OF NON-EU APPLICANTS, DOMICILIARY STATUS.

In the event of an applicant providing false or misleading information which is relevant to your application you will be asked to leave the course.

THIS FORM, FULLY COMPLETED, SHOULD BE RETURNED TO:

Admissions Office, Cork Institute of Technology, Bishopstown, Cork, Ireland.

Note: This information leaflet does not infer or impose any legal obligations on Cork Institute of Technology to provide courses or other services to students. The information may be altered, cancelled or otherwise amended at any time. It does not constitute an offer to supply courses or subjects and it is not to be construed as imposing a legal obligation on the Institute to supply courses or subjects in respect of any course of study.

Data Protection Act: Information held by the Institute on computer will be used only for the purposes registered under the Data Protection Act 1988, that is the provision of education and training services. A copy of your details held by the Institute on computer is available on request. A fee may be payable for this.

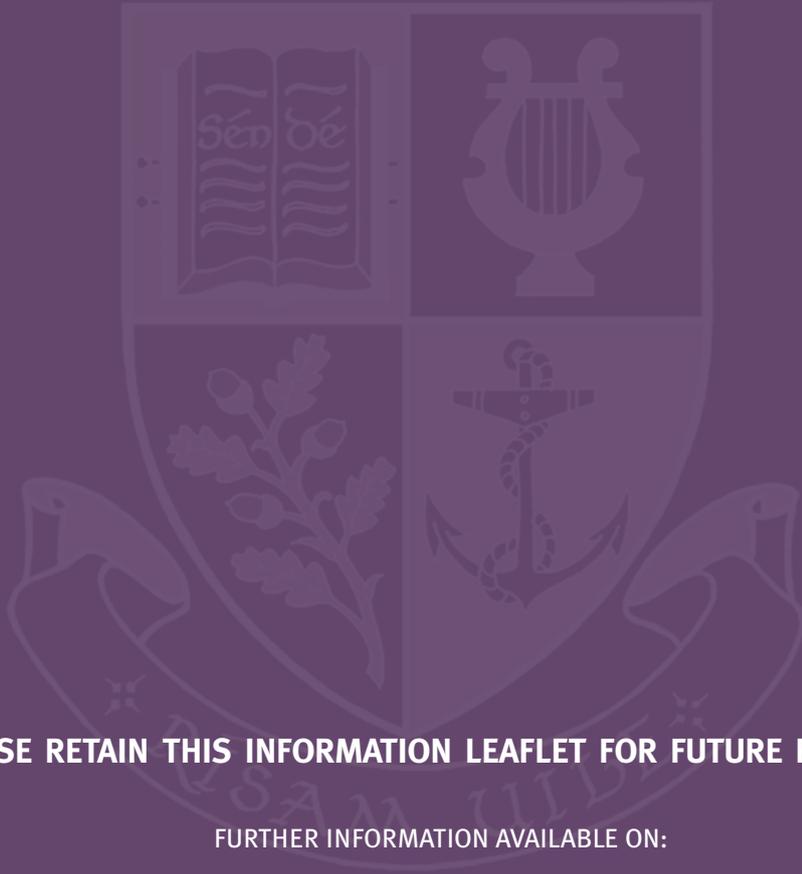
E & OE



If you would like a receipt of your Application Form please fill out your name and address on the reverse of this card, and affix a postage stamp.

OFFICE USE ONLY
CIT STAMP & DATE

This is to acknowledge receipt of your application.



PLEASE RETAIN THIS INFORMATION LEAFLET FOR FUTURE REFERENCE

FURTHER INFORMATION AVAILABLE ON:

www.cit.ie
Tel. 021 4326141/195



AFFIX
POSTAGE
STAMP