CORK INSTITUTE OF TECHNOLOGY
INSTITIÚID TEICNEOLAÍOCHTA CHORCAÍ

Application Form Full-time Courses

PLEASE USE BLOCK LETTERS AND BLACK INK. ALLOW A SPACE BETWEEN WORDS Please read the guidelines prior to completing this form.

ID Number (See Note 2)

Title (Mr/Mrs/Ms etc.)

Sex Male ❑ Female ❑

Surname (See Note 4)

First Name(s) (See Note 4)

Home Address (See Note 5)

Home Tel No.

Mobile No.

Date of Birth Day Month Year

Nationality (See Note 6 & 7)

Address while attending CIT (if different from above)

E-mail Address

PPS No.

PLEASE INDICATE THE COURSE FOR WHICH APPLICATION IS BEING MADE

FULL TITLE OF COURSE (See Note 8): BA (HONS) IN MONTESSORI EDUCATION

COURSE CODE (See Note 8 & 9): CR _ H M O N T _ _ Level 6-10 _ Yr/Stage

Commencement date (current year): 0 9 Month 2 0 1 8 Year

TICK ✔ APPROPRIATE BOX

MODE OF ATTENDANCE

Full-Time ❑

Part-time/ACCS ❑

DETAILS OF CURRENT THIRD LEVEL EDUCATION (See Note 10)

If you are **currently** attending a Third Level College please complete the following.

Name & Address of College

Full Title of the Course you are **currently** attending

Course Start Date Day Month Year

Course End Date Day Month Year

Date of Award or Result Day Month Year

*Overall Result (if available)

*Applicants taking current year examinations should write 'pending' and must arrange to have these results forwarded to this Institute by 30th June.

DETAILS OF PREVIOUS THIRD LEVEL QUALIFICATIONS (See Note 10)

Full Title of Qualification

Name of Awarding Body

Name and Address of College Attended

Overall Result

Date of Award or Result Day Month Year

FOR OFFICE USE ONLY AK ❑ BR ❑ HoD ❑

(See overleaf)

OTHER RELEVANT FURTHER EDUCATIONAL QUALIFICATIONS (See Note 10)

Full Title of Qualification

Name of Awarding Body

Name and Address of College Attended

Overall Result

Date of Award

Day Month Year

RELEVANT WORK EXPERIENCE (See Note 12)

Give full details of all relevant work experience obtained, particularly the duration and nature of the work.
Additional information may be supplied on a separate sheet if necessary.

ANY FURTHER INFORMATION RELEVANT TO THE APPLICATION

Applicants should make themselves aware of any special entry requirements for a course and should submit details of how they comply with such requirements. Additional information may be supplied on a separate sheet if necessary.

DECLARATION BY APPLICANT

I certify that the information given in relation to this application is correct.

Applicant's Signature Date

Please note: Your signature (or nominee) on this form gives the Institute permission to verify the information that you have supplied therein.

THIS FORM, FULLY COMPLETED, SHOULD BE RETURNED ON OR BEFORE 5th JUNE TO:
The Admissions Office, Cork Institute of Technology, Bishopstown, Cork, Ireland.

This application form 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 modules and it is not to be construed as imposing a legal obligation on the Institute to supply courses or modules in respect of any course of study.

FOR DEPARTMENTAL USE ONLY

Offer Place ❒	Offer subject to results ❒ Transcript Received ❒	Reserve List ❒	Regret ❒

Signed Date

(Head of Department)

Please print name

DEPARTMENT STAMP & DATE

Guidelines for the completion of the Application Form

1. The attached application form must be completed by applicants applying for all **Full-time Direct Entry Courses at CIT**. This form should also be completed by applicants applying to transfer to the second (or subsequent) year of courses within CIT or by applicants applying to transfer to the second (or subsequent) year of CIT courses from another college. If applying for more than one course, a separate application form must be completed.
2. If you previously attended CIT, enter your student ID number.
3. **Admission to the FIRST year of any full-time course must be processed through the CAO system except for: 'Direct Entry Courses' referred to in the CIT Full-time Courses Handbook.**
4. Please enter your full legal name. **THE NAME YOU ENTER HERE WILL APPEAR ON ANY PARCHMENT TO WHICH YOU ARE ENTITLED.** Your legal name should match either your passport, birth certificate or marriage certificate.
5. The address that you give here will be used for all correspondence. The Admissions Office should be notified in writing of any change of address. A Change of Contact Details Form is available at www.cit.ie (click on Admissions).
6. If your first language is not English, you are required to provide certification of competence in English.
7. Non-EU Applicants must observe the entry requirements for the course, as well as the visa requirements. Applicants claiming refugee status must attach a copy of the Stamp 4 proof of residency when registering.
8. Please state clearly on the form the full course title and the type of course for which application is being made. The onus is on each applicant to ensure that this information is accurate. For details of the course titles please refer to the CIT website or CIT Handbook.
9. 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)
10. (a) Copies of any qualifications, transcripts of results etc. should be included with the Application Form.
    (b) Documentary evidence of any industrial experience must accompany Application Form.
    Please do not send original documents as any documentation submitted will not be returned.
11. Please write your name and address on the acknowledgment card below, affix a postage stamp and return it with your application form.
12. Any queries relating to the completion of this form should be directed to the Admissions Office. Telephone: +353 21 4335037/036, e-mail: admissions@cit.ie
13. For details on the Adult & Continuing Education (Evening) Courses at CIT please contact the Department of Adult & Continuing Education. Telephone: 021 4335 902/ 9 00. Email: adulted@cit.ie

THIS FORM, FULLY COMPLETED, SHOULD BE RETURNED ON OR BEFORE 5th JUNE TO:
The Admissions Office, Cork Institute of Technology, Bishopstown, Cork, Ireland

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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
admissions@cit.ie
Tel.: 021 433 5037/036

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AFFIX
POSTAGE
STAMP