



Application Form

Part-time & Evening Courses

PLEASE USE BLOCK LETTERS AND BLACK INK. ALLOW A SPACE BETWEEN WORDS

Please read the guidelines prior to completing this form.

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 2)	<input type="text"/>				
First Name(s)	<input type="text"/>				
Home Address (See Note 3)	<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	(See Note 7 & 8)	
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?	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.					

PLEASE INDICATE THE COURSE FOR WHICH APPLICATION IS BEING MADE				PLEASE INDICATE IF THE FOLLOWING APPLIES TICK <input checked="" type="checkbox"/> APPROPRIATE BOX	
FULL TITLE OF COURSE (See Note 4)	<input type="text"/>				
COURSE CODE (See Note 4 & 5)	CR <input type="text"/>	<input type="text"/> Level 6-10 (See Note 5)	<input type="text"/> Yr/Stage	Commencement date (current year)	<input type="text"/>
				Month	Year

PLEASE INDICATE IF THE FOLLOWING APPLIES

TICK ☒ APPROPRIATE BOX

Exams only ☐

Repeating the course ☐

(See overleaf)

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

Semester 1 (September - December)	Semester 2 (February - May/June)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

FOR OFFICE USE ONLY

AK ☐

BR ☐

HoD ☐

DETAILS OF EDUCATION (See Note 11)

Name of School/College
you last attended

Last Course attended

Highest Examination passed to-date

Result

Year of Award

OTHER RELEVANT FURTHER EDUCATIONAL QUALIFICATIONS

Full Title of Qualification

Name of Awarding Body

Name and Address of
College Attended

Overall Result

Date of Award

Day

Month

Year

Present Employer

Address of Employer

Occupation/Position Held

Telephone

RELEVANT WORK EXPERIENCE OR ANY FURTHER INFORMATION RELEVANT TO THE APPLICATION (See Note 6 & 11)

Give full details of all relevant work experience obtained, particularly the duration and nature of the work.

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.

FOR DEPARTMENTAL USE ONLY

Offer Place

Offer subject to results

Reserve List

1

Regret

9

Transcript Received

Signed

Date _____

(Head of Department)

Please print name

DEPARTMENT STAMP & DATE

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 your full legal name.
THE NAME YOU ENTER HERE WILL APPEAR ON ANY PARCHMENT TO WHICH YOU ARE ENTITLED.
3. 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 Address Form is available at www.cit.ie (click on Admissions).
4. Please enter the full course title, course code and stage as per the CIT Handbook. The onus is on each applicant to ensure that he/she is applying for the correct course.
5. 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)
6. 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.
7. If your first language is not English, you are required to provide certification of competence in English.
8. 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.
9. Copies of the Student Regulations may be obtained from the CIT website: www.cit.ie.
10. Please write your name and address on the acknowledgment card below, affix a postage stamp and return it with your application form.
11. Documentary evidence of educational qualifications and industrial experience must accompany Application Form. **Please do not send original documents** as any documentation submitted will not be returned.

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 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.

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.

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Institiúid Teicneolaíochta Chorcaí
Cork Institute of Technology

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



Institiúid Teicneolaíochta Chorcaí
Cork Institute of Technology

AFFIX
POSTAGE
STAMP
