

This is a mandatory form required by the Higher Education Authority (HEA). The purpose is to establish your history in third level education and the information provided to us on this form is used to calculate your fees liability. Therefore it is essential to complete and return this form to us as soon as possible and to the best of your ability. If you have previously been registered at more than one institute of Higher Education, you must fill out on for each place of study. If we do not receive a completed form, you will remain liable for the full tuition fees.

NB - You will need to fill out a form for each institution attended if you have been registered in more than one.

SECTION A: to be completed by the student

Student Name:	Current CAO Number:	Course Name:			
Current Mailing Address:					
Email Address:					
Have you previously attended an institute of Higher Education i.e University or Institute of Technology?					
Yes	No (ple	ease tick)			
If you ticked Yes, you must complete SECTION B, sign and date the form, then forward this form to the Fees					

 If you ticked Yes, you must complete SECTION B, sign and date the form, then <u>forward this form to the Fees</u> <u>Office at your previous college.</u>

• If you ticked No, please sign and date the declaration and submit this form.

SECTION B: to be completed by the student

Previous College At	tended:	Previous Student number:		Course Name:		
Dates of attendanc	e:	Course type:	(please tick)			
From	Го	Higher Cert	Degree	Honours Degree		

DECLARATION: to be completed by the student

I hereby declare that the foregoing particulars are correct and understand that I will be liable for fees if				
found otherwise.				
Date:	Signature:			

SECTION C: to be completed by your previous college or university

Fees were claimed from the HEA in relation to the above student as follows:									
Year 1:	Year 2:			Year 3:			Year 4:		
0% 🔲 50% 🔲 10	0%	50% 🗌	100%	0%	50% 🗌	100%	0%	50% 🗌	100%
Dates of attendance:				College	Stamp:				
From	То								
Signature:									
Date:									