



# MTU

Ollscoil Teicneolaíochta na Mumhan  
Munster Technological University

PHOTOGRAPH

PRINT NAME &  
BIRTH DATE ON  
BACK OF PHOTO

(See Note 1)

## Application/Registration Form Postgraduate Courses by Research

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

ID Number	<input type="text"/>	Title (Mr/Ms/Mrs etc.)	<input type="text"/>	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname (See Note 2)	<input type="text"/>			
First Name(s) (See Note 2)	<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 (See Note 3)	<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year	Nationality (See Note 4 & 5)
Domiciliary of Origin: Have you been residing in Ireland during all of the 3 years prior to commencing this course? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If No, enter the city and country where you most recently resided prior to entering Ireland: <input type="text"/>				
Address while attending CIT (if different from above address)	<input type="text"/>			
E-mail Address	<input type="text"/>			
PPS No.	<input type="text"/>	Do you have any disability or impairment? (See Note 6) <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>AWARD SOUGHT</b>					<b>MODE OF ATTENDANCE</b>	
MA	MBus	MSc	MEng	PhD	TICK <input checked="" type="checkbox"/> APPROPRIATE BOX	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full-time	<input type="checkbox"/>
<b>DEPARTMENT:</b> <input type="text"/>					ACCS (Part-time)	<input type="checkbox"/>
<b>PROPOSED DURATION OF RESEARCH PROGRAMME</b> (See Note 7)					Projects Only (See Note 8)	<input type="checkbox"/>
Start Date:	<input type="text"/>	Finish Date:	<input type="text"/>	Duration (Years):	Exams Only	<input type="checkbox"/>
					Transient (See Note 9)	<input type="checkbox"/>

**GRANT/SCHOLARSHIP** (See Note 7)

Have you applied for or are you in receipt of a grant scholarship?  Yes  No

If yes, name the funding programme or awarding body:

Project Code:

**DECLARATION BY APPLICANT**

I declare that the information given by me is true and accurate. I agree to abide by the rules and regulations of CIT. (See Notes 10 & 11)

Applicant's Signature  Date

<b>FOR SCHOOL OF GRADUATE STUDIES USE ONLY</b>				<b>CIT STATUS IN DISCIPLINE Area</b>	
Course Code	CR_	<input type="text"/>	<input type="text"/>	HETAC Approved	<input type="checkbox"/>
Application Received	<input type="text"/>	Date	<input type="text"/>	Delegated Authority	<input type="checkbox"/>
Registration Approved	<input type="text"/>	Date	<input type="text"/>		
Research Proposal Approved	<input type="text"/>	Date	<input type="text"/>		
To be signed by Dean of Graduate Studies					

<b>FOR OFFICE USE ONLY</b>	DEAN <input type="checkbox"/>	BIRTH CERT <input type="checkbox"/>	PASSPORT <input type="checkbox"/>	NON-EU VISA <input type="checkbox"/>
----------------------------	-------------------------------	-------------------------------------	-----------------------------------	--------------------------------------

## Guidelines for the completion of the Application/Registration Form

1. Please attach or scan your photograph to the form.
2. Please enter your full legal name (as on your birth certificate or Passport). **THE NAME YOU ENTER HERE WILL APPEAR ON ANY PARCHMENT TO WHICH YOU ARE ENTITLED.** New entrants to this Institute should attach a copy of their birth certificate to this form.
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 Contact Details Form is available at [www.cit.ie](http://www.cit.ie).
4. If your first language is not English, you are required to provide certification of competence in English (eg. IELTS, TOEFL).
5. 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.
6. The purpose of this question is to ascertain whether you require any special arrangement 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. If you have any medical condition that could give rise to difficulties while attending, please inform your Head of Department.
7. Applicants should obtain information about project duration, start and finish dates and scholarship information, where applicable, from the Head of Department and/or their principal supervisor.
8. Applicants who are in the write-up phase should tick the "Project Only" box.
9. Applicants based at another institution with whom CIT has a Memorandum of Understanding covering fees and related matters should tick the "Transient" box and write in the name of the institution along the ruled line.
10. Copies of the Student Regulations may be obtained from the CIT website: [www.cit.ie](http://www.cit.ie).
11. Please notify the Admissions Office in writing if you decide to leave the course.

**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.

**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.

**THIS FORM, FULLY COMPLETED, SHOULD BE RETURNED TO:  
The Dean of Graduate Studies, MTU - Cork, Bishopstown Campus  
or email the form to [graduate.school@cit.ie](mailto:graduate.school@cit.ie).**

*This form does not infer or impose any legal obligations on MTU (Cork Institute of Technology) to provide courses of 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.*