

2010-11 ACADEMIC APPLICATION

For Autumn 2010/Spring 2011 Enrolment
Accredited Programmes



Please complete in **BLOCK CAPITALS** and return to:
GMIT Lifelong Learning Office, Old Westport Road, Castlebar, Co. Mayo.

SECTION 1: APPLICANT INFORMATION				
Surname:		First Name(s):		
Address:		Male <input type="checkbox"/>	Female <input type="checkbox"/>	
		Date of Birth:		
		Home Phone No: ()		
		Mobile Phone No: ()		
E-Mail Address:				
Country of Birth:		Nationality:		
Where did you hear about GMIT? GMIT Website <input type="checkbox"/> Prospectus <input type="checkbox"/> Advertisement <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other _____				
SECTION 2: PROGRAMME CHOICE				
Course Code (if known)		Year of Entry:		
Full Course/Module Title				
SECTION 3: PREVIOUS EDUCATION				
College/Institution	Programme(s) Pursued	From/To Month/Year	Results	Awarding Body
<i>Transcripts (as appropriate) must accompany this application</i>				
SECTION 4: WORK EXPERIENCE (complete only if applicable to application)				
Establishment	Dates	Position	Duties	
SECTION 5: SIGNATURE				
I declare that the above information is correct and, if admitted to GMIT, I will abide by the Code of Student Conduct for Galway-Mayo Institute of Technology.				
Signature:		Date:		
SECTION 6: FINANCE/STUDENT INFORMATION SECTION (Office Use Only)				
Payment by: Bank Giro <input type="checkbox"/> Cheque/Bank Draft/Postal Order <input type="checkbox"/>				
Debit/Credit Card				Expiry Date:
Invoice to Employer (prospective student must provide letter to this effect) <input type="checkbox"/>				
Receipt Date: _____		Receipt No. _____	Student ID No. G00 _____	
Course Reference Number(s) [CRN] _____				
Registered by: _____		Registration Date: _____		