



# **BUSINESS, TECHNOLOGY & HUMANITIES ACCREDITED PROGRAMME APPLICATION FORM**

**Bachelor of Arts in Art & Design (Level 7)**

**Bachelor of Business (Level 7)**

**Foundation Certificate (Level 5)**

**Higher Certificate in Business Studies in Computer Applications (Level 6)**

**Higher Certificate in Business Studies in Enterprise Development (Level 6)**

# 2011-12 Academic Application

For Autumn 2011/Spring 2012 Enrolment  
Accredited Programmes



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

## Section 1: APPLICATION INFORMATION

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ Male  Female  PPSN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
*\* Please complete as required for HEA Statistical Returns*  
Home Phone No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Where did you hear about GMIT? GMIT Website  BlueBrick Website  Prospectus  Advertisement  Word of Mouth   
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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

transcripts (as appropriate) must accompany this application

## 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  Cheque / Bank Draft / Postal Order  Cash  Debit/Credit Card   
Debit/Credit Card No.: \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Invoice to Employer (prospective student must provide letter to this effect)   
Receipt Date: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Student ID No.: **G00**  
Course Reference Number(s) [CRN] \_\_\_\_\_  
Registered by: \_\_\_\_\_ Registration Date: \_\_\_\_\_