APPLICATION FORM FOR SHORT GENERAL INTEREST PROGRAMMES

Please complete in BLOCK CAPITALS and return it with your payment to:
GMIT Lifelong Learning Centre, Dublin Road, Galway

SECTION 1: Applicant Information

Surname:	First Name(s):
Date of Birth: - -	Male ☐ Female ☐
Address:	E-mail:
	Mobile Telephone:
	Country of Birth:
	Nationality:

Where did you hear about us:

☐ GMIT website ☐ Prospectus ☐ Newspaper Advertisement ☐ Radio ☐ Word of Mouth
Other: _____

SECTION 2: Course Choice(s)

Course title:	☐ September 2009
	☐ February 2010

SECTION: 3 Fee Payment

Please do not post cash to the office

☐ Cheque		
☐ Bank Draft / PO		
☐ Cash		
☐ Employer Invoice		
☐ Debit/Laser Card		Expiry date:
☐ Credit card		Expiry date:

SECTION 4: 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. I have read and understand the fee refund policy.

Signature:	Date: