

DIRECT APPLICATION MAYO CAMPUS



Westport Road, Castlebar, Co. Mayo
Tel: 094 9025700 Fax: 094 9025700
Email: LLLMayo@gmit.ie

Personal Details (Please complete in block capitals)

Surname

First Name(s) (as on Birth Certificate)

Female Male Date of Birth - -

Address (home/permanent)

Email:

Mobile /

Home Phone /

Country of Birth

Nationality

Course Applying for

Programme Title	Year of Entry	Course Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous 3rd Level Education

College / Institution	Course(s) Pursued (Full Title/Specialisation)	From Month / Year	To Month / Year	Result/Date of	Repeat
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
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Transcripts, as appropriate, must accompany this application (See Guidelines)

Relevant Work Experience (complete if applicable to Programme)

Establishment	Dates	Position	Duties
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Finance/Student Information (Office use only)

Payment by: Bank Giro: Cheque / Bank Draft / Postal Order: Cash: Debit / Credit Card:

Debit / Credit Card No.:

Expiry Date: CRV 3-digit number:

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:

Declaration

I declare that the above information is correct and if admitted, I will abide by the Code of Student Conduct for Galway-Mayo Institute of Technology.

Signature Date