

# DIRECT APPLICATION



Office Use Only

Dublin Road, Galway.  
Tel: 091 753161 Fax: 091 751107

**Read Information and Instructions First**

## Personal Details (Please complete in block capitals)

Surname

First Name(s) (as on Birth Certificate)

Female  Male Date of Birth  -  -

Address (home/permanent)

Code - Number

Phone Number  /

Country of Birth

Nationality

## Course

| Title                | Specialisation       | Stage/Year           |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

## 3rd Level Education

| College / Institution | Course(s) Pursued (Full Title/Specialisation) | From<br>Month / Year | To<br>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"/>                          | <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)*

## Qualifying Course Subjects (List final year subjects)

|                      |                      |
|----------------------|----------------------|
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## 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



[Do Not Detach]

## Acknowledgement

Dublin Road, Galway.  
Tel: 091 753161 Fax: 091 751107

Please enter your Name and Address in the box across.

This is to acknowledge receipt of your application  
for admission to Higher Studies/Transfer.