****

**USA Student Application Form**

Attach passport

size photo here

Application refers to the Academic Year \_\_\_\_\_ / \_\_\_\_\_

**APPLICATION PROCEDURES**

CHECKLIST: Please tick boxes to ensure that requested documentation is enclosed with this completed application form.

1. Complete application form, with examination records certified by college authorities, attested photocopies of all additional educational qualifications already obtained and English language translations of qualifications not issued in English. Please do not submit original documents, as any documentation submitted will not be returned.
2. Photocopy of original passport or birth certificate.
3. Any other relevant information regarding qualifications or previous work experience.

**PLEASE NOTE**

It is the applicant’s responsibility to ensure that all the above documents reach the International Office, Galway-Mayo Institute of Technology before **15th May**  for entry to programmes commencing in September each year.

The Institute reserves the right to cancel, suspend or modify courses at any time.

For further information please contact:

International Office, GMIT, Dublin Road, Galway, Ireland

Tel: +353 91 742456 Fax: +353 91 751107 email: [erasmus@gmit.ie](mailto:Caitriona.Cummins@gmit.ie) Web: [www.gmit.ie](http://www.gmit.ie)

***Please note: This application form must be typed and not hand written***

**PLEASE INDICATE THE PROGRAMME(S) FOR WHICH YOUR APPLICATION IS BEING MADE:** Year

1

**Programme**

2

3

**PERSONAL DETAILS**

Family Name First Names

Home Address Address for Correspondence (if different)

Home Tel No.

Title (Mr\Mrs\Ms. etc) Contact Tel No.

Date of Birth Email

Place of Birth Nationality

Male Female Marital Status

Parents/Guardians Names

**SECONDARY EDUCATION**

Please enter details of all secondary schools, high schools or equivalent you have attended with dates.

Name and Address of School Examinations Passes Subjects and Grades Dates: From – To

**DETAILS OF THIRD LEVEL EDUCATION**

Full Title of Third Level Qualifications

Name of Awarding Body

Name and Address of College Attended

(Or Currently attending)

Date From Date To

**DETAILS OF THIRD LEVEL EDUCATION (contd.)**

Overall Result Date of Award

Average in Final Year Examinations (%)

Subject Studied Exam Results Subjects Studied Exam Results

Applicants who do not have examination results available at time of submission of application should write the words “Pending” in the Overall Results above and must arrange to have these results forwarded to this Institute at the earliest opportunity.

If you have not finished a programme of study at an Academic Institute, state reason(s) why:

Have you ever been dismissed from an Academic Institute? Yes No

If Yes, please explain why:

**DECLARATION**

I certify that the information given in relation to this application is correct. If my application is accepted, I undertake to observe the Institute’s regulations and to ensure payment of fees.

Signed Date

**FOR OFFICE USE ONLY**

Offer Place No Offer

Provisional offer subject to

Signed (Head of Department) Date

**Module Registration Form**

**Programme Title:**

**Year:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** | | **Student ID Number: (office use only)** | |
| **Module Code** | **Module Title** | | **Credits** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |

**Student’s signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name (block capital letters):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home College:**

**Head of Department Signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GMIT**

**Head of Department Signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**