

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	<input type="text"/>	PPSN:	<input type="text"/>
First Name(s) (as on Birth Certificate)	<input type="text"/>	<i>Required for Higher Education Authority (HEA) audit reporting</i>	
<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	-	-
Address (home/permanent)		Email:	<input type="text"/>
<input type="text"/>		Mobile	<input type="text"/>
<input type="text"/>		<i>Please tick if you consent to us contacting you by text message:</i> <input type="checkbox"/>	
<input type="text"/>		Country of Birth	<input type="text"/>
<input type="text"/>		Nationality	<input type="text"/>

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"/>	/	/		

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: <input type="checkbox"/>	Cheque / Bank Draft / Postal Order: <input type="checkbox"/>	Cash: <input type="checkbox"/>	Debit / Credit Card: <input type="checkbox"/>
Debit / Credit Card No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date:	<input type="text"/>	CRV 3-digit number:	<input type="text"/>	
Invoice to Employer (prospective student must provide letter to this effect)				
Receipt Date:	<input type="text"/>	Receipt Number:	<input type="text"/>	Student ID No.: G00 <input type="text"/>
Course Reference Number(s) [CRN]	<input type="text"/>			
Registered by:	<input type="text"/>	Registration Date:	<input type="text"/>	

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