



PHOTOGRAPH

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BIRTH DATE ON  
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# Registration Form Full-time Courses

**PLEASE USE BLOCK LETTERS AND BLACK INK. ALLOW A SPACE BETWEEN WORDS.** Please read the guidelines prior to completing this form.

CAO/ID Number	<input type="text"/>	Title (Mr/Mrs/Ms etc.)	<input type="text"/>	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname <small>(See Note 2)</small>	<input type="text"/>					
First Name(s)	<input type="text"/>					
Home Address <small>(See Note 3)</small>	<input type="text"/>					
Home Tel No.	<input type="text"/>	Mobile No.	<input type="text"/>			
Date of Birth <small>(See Note 2)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nationality <small>(See Note 4 &amp; 5)</small>	<input type="text"/>	
<small>Day</small>		<small>Month</small>		<small>Year</small>		
Address while attending CIT <small>(if different from above)</small>	<input type="text"/>					
E-mail Address	<input type="text"/>					
Name of Next of Kin <small>(or nearest relative)</small>	<input type="text"/>					
Your relationship to the person named	<input type="text"/>					
Do you suffer from any disability or impairment? <small>(See Note 6)</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PPS No.	<input type="text"/>		
<small>The purpose of this question is to ascertain whether you require any special arrangements which will facilitate your attendance at classes or assist you in taking your examinations. If you tick this box you will be contacted subsequently. All information supplied will be treated confidentially.</small>						

FULL TITLE OF COURSE <small>(See Note 7)</small>	<input type="text"/>	TICK <input checked="" type="checkbox"/> APPROPRIATE BOX
COURSE CODE CR	<input type="text"/>	<b>MODE OF ATTENDANCE</b>
<small>(See Note 7 &amp; 8)</small>	– <input type="text"/> – <input type="text"/> – <input type="text"/>	Full-Time <input type="checkbox"/> Project Only <input type="checkbox"/>
	<small>Level 6-10 Yr/Stage</small>	Part-time/ACCS <input type="checkbox"/>
	Commencement date (current year)	Repeating the course <input type="checkbox"/> Exams Only <input type="checkbox"/>
	<input type="text"/>	<i>Syllabus:</i>
	<input type="text"/>	Current Year <input type="checkbox"/> Previous Year <input type="checkbox"/>
	<input type="text"/>	

<b>PLEASE ENTER YOUR MODULES</b> <small>(See Note 9)</small>	
<b>Semester 1 (September - December)</b>	<b>Semester 2 (February- May/June)</b>
<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"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Have you applied for, or are you in receipt of, a grant or scholarship?  
 Y  N

Name of Awarding Body \_\_\_\_\_

Have you already been in receipt of an ESF Grant?  Y  N

<b>NEW ENTRANTS TO THIS INSTITUTE AND / OR THIS COURSE OF STUDY</b> <small>(See Note 10)</small>	
Name and Address of School/College last attended	<input type="text"/>
<input type="text"/>	Previous school type <small>(as per Table overleaf)</small>
<input type="text"/>	<input type="text"/>

<b>DECLARATION BY APPLICANT</b>	
I declare that the information given by me is true and accurate. I agree to abide by the rules and regulations of CIT <small>(see Note 11)</small>	
Applicant's Signature	Date
<input type="text"/>	<input type="text"/>

<b>FOR DEPARTMENTAL USE ONLY</b>	
Enrolment Authorised <small>(Head of Department)</small>	Department Stamp and Date
Please print name	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

<b>FOR OFFICE USE ONLY</b>	BR <input type="checkbox"/>	HoD <input type="checkbox"/>	Birth Certificate <input type="checkbox"/>
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## Guidelines for the completion of the Registration Form

- Students attending a **Full-time Course** must complete this Registration Form.
- Please enter your full legal name. **THE NAME YOU ENTER HERE WILL APPEAR ON ANY PARCHMENT TO WHICH YOU ARE ENTITLED.** New entrants to this Institute should attach a copy of their birth certificate to this form.
- The address that you give here will be used for all correspondence. The Admissions Office should be notified in writing of any change of address. A Change of Address Form is available at [www.cit.ie](http://www.cit.ie) (click on Admissions).
- If your first language is not English, you are required to provide certification of competence in English
- Non-EU Applicants must observe the entry requirements for the course, as well as the visa requirements. Applicants claiming refugee status must attach a copy of the Stamp 4 proof of residency.
- If you have any medical condition that could give rise to difficulties while attending, please inform your Head of Department.
- Please enter the full course title, course code and stage as per the CIT Handbook.
- Please choose from one of the following course levels:
  - Higher Certificate (Level 6) • Bachelor Degree (Level 7) • Honours Bachelor Degree (Level 8)
  - Masters Degree (Level 9) • Postgraduate Diploma (Level 9) • Doctoral Degree (Level 10)
- This form will be used as an exam entry form, therefore it is essential that you complete the section overleaf detailing the modules you are attempting. If your modules change please ensure authorisation from your department, and inform the Admissions Office in writing.  
**THE ONUS IS ON YOU TO ENSURE THAT THIS INFORMATION IS CORRECT. FAILURE TO ENTER THE CORRECT MODULES MAY RESULT IN YOUR BEING REFUSED ADMISSION TO AN EXAMINATION, OR MAY DELAY THE PROCESSING OF YOUR RESULTS.**
- New entrants to the Institute and/or course of study should give full details of last school/college and course attended. Please choose a code below for your previous school type:

Table

Code	Description of Previous School Type	Code	Description of Previous School Type
o1	Outside State non-resident	o7	Community and Comprehensive
o2	Not Full-time in State in previous year	o8	Privately Funded Schools
o3	(i) Other IOTs in 2nd Level	o9	Other Educational Institute in State 2nd Level
o4	(ii) Other IOTs in 3rd Level	o10	Other Educational Institute in State 3rd Level
o5	Vocational/Community Colleges	o11	Internal transfers 2nd to 3rd Level
o6	Secondary Schools	o12	Internal transfers from 3rd Level

- Copies of the Student Regulations may be obtained from the CIT website: [www.cit.ie](http://www.cit.ie).
- Please notify the Admissions Office in writing if you decide to leave the course.

**PLEASE NOTE: STUDENTS ARE NOT REGISTERED ON THE COURSE UNTIL ALL FEES DUE ARE PAID IN FULL.**

Students who are not fully registered are not entitled to avail of any of the Institute's facilities and may not sit examinations.

ALL OFFERS OF PLACES ON CIT COURSES ARE MADE SUBJECT TO THE APPLICANT PROVIDING DOCUMENTARY EVIDENCE OF IDENTITY, QUALIFICATIONS, WORK EXPERIENCE AND, IN THE CASE OF NON-EU APPLICANTS, DOMICILIARY STATUS.

In the event of an applicant providing false or misleading information which is relevant to your application you will be asked to leave the course.

**Data Protection Act** Information held by the Institute on computer will be used only for the purposes registered under the Data Protection Act 1988, that is the provision of education and training services. A copy of your details held by the Institute on computer is available on request. A fee may be payable for this.

**THIS FORM, FULLY COMPLETED, SHOULD BE RETURNED TO:**

Admissions Office, Cork Institute of Technology, Bishopstown, Cork, Ireland.

*This form does not infer or impose any legal obligations on Cork Institute of Technology to provide courses or other services to students. The information may be altered, cancelled or otherwise amended at any time. It does not constitute an offer to supply courses or modules and it is not to be construed as imposing a legal obligation on the Institute to supply courses or modules in respect of any course of study.*