



Institiúid Teicneolaíochta
Bhaile Átha Luain
Athlone Institute
of Technology

FOR OFFICE USE ONLY

Date Recd.	Date Ack.	Results Attached	Work Experience Attached	Offer Place Round 1 <input type="checkbox"/>	Offer Place Round 2 <input type="checkbox"/>	No Offer
				Signed:	Signed:	Signed:
				Date:	Date:	Date:

Course Application Form

(Applicants seeking admission to year 2 and subsequent years of a course.)

PLEASE INDICATE THE COURSE FOR WHICH APPLICATION IS BEING MADE:		Year 1,2,3 etc
Course	1	
	2	
	3	
Student No.	<input type="text"/>	Have you previously attended or applied to AIT? YES <input type="checkbox"/> No <input type="checkbox"/>

PERSONAL DETAILS	
Surname <input type="text"/>	First Names <input type="text"/>
Home Address <input type="text"/>	Address for Correspondence (if different): <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	Home Tel. No. <input type="text"/>
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Contact Tel. No. <input type="text"/>
Nationality <input type="text"/>	Date of Birth <input type="text"/> Place of Birth <input type="text"/>

DETAILS OF THIRD LEVEL EDUCATION	
Full Title of Third Level Qualifications	<input type="text"/>
Name of Awarding Body	<input type="text"/>
Name and Address of College Attended (Or currently attending)	<input type="text"/>
	<input type="text"/>
From <input type="text"/>	To <input type="text"/>
Course Attended (Or currently attending)	<input type="text"/>
	<input type="text"/>

(See overleaf)

Overall Result Date of Award or Result

Subjects Studied

Applicants taking current year examinations should write the word "Pending" in Overall Result above and must arrange to have these results forwarded to this Institute at the earliest opportunity

OTHER RELEVANT THIRD LEVEL OR FURTHER EDUCATIONAL QUALIFICATIONS

Full Title of Qualification

Name of Awarding Body

Name and Address of College Attended

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Overall Result Date of Award

RELEVANT WORK EXPERIENCE
 Give full details of all relevant work experience obtained, particularly the duration and nature of the work. Additional information may be supplied on a separate sheet if necessary. **Applicants must supply clear evidence of the exact duration and type of work, which must be certified by the employer(s).**

ANY FURTHER INFORMATION RELEVANT TO THE APPLICATION
 Applicants should make themselves aware of any special entry requirements for a course. Additional information may be supplied on a separate sheet if necessary.

DECLARATION
 I certify that the information given in relation to this application is correct.

Signed Date

Please return completed form to:
EQUAL Ireland
Building 8 6d,
Liosban Business Park
Tuam Road
Galway

Documentary evidence of education qualification and industrial experience must accompany application form. Please do not send original documents as documentation submitted will not be returned.

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