



Institiúid Teicneolaíochta Chorcaí
Cork Institute of Technology

PHOTOGRAPH

PRINT NAME &
BIRTH DATE ON
BACK OF PHOTO

Registration Form Part-time & Evening 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	<input type="text"/> <small>Day</small>	<input type="text"/> <small>Month</small>	<input type="text"/> <small>Year</small>	Nationality <small>(See Note 8)</small>
Address while attending CIT <small>(if different from above)</small>	<input type="text"/>			
E-mail Address <small>(if available)</small>	<input type="text"/>			
Do you suffer from any disability or impairment? <small>(See Note 7)</small>			YES <input type="checkbox"/> NO <input type="checkbox"/>	PPS No. <input type="text"/>

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.

FULL TITLE OF COURSE <small>(See Note 4)</small> <input type="text"/>	PLEASE INDICATE IF THE FOLLOWING APPLIES TICK <input checked="" type="checkbox"/> APPROPRIATE BOX Exams only <input type="checkbox"/> Repeating the course <input type="checkbox"/> Project only <input type="checkbox"/>
COURSE CODE CR <input type="text"/> <small>Level 6-10</small> - <input type="text"/> <small>Yr/Stage</small> - <input type="text"/> <small>(See Note 4 & 5)</small>	Commencement date (current year) <input type="text"/> <small>Month</small> <input type="text"/> <small>Year</small>

PLEASE ENTER YOUR MODULES (See Note 6)

Semester 1 (September - December)	Semester 2 (February - May/June)

DECLARATION BY APPLICANT
I declare that the information given by me is true and accurate. I agree to abide by the rules and regulations of CIT (see Note 9)

Applicant's Signature Date

FOR DEPARTMENTAL USE ONLY AUTHORISATION APPROVAL Offer Place <input type="checkbox"/> Offer subject to results <input type="checkbox"/> Regret <input type="checkbox"/> Transcript Received <input type="checkbox"/> Signed <input type="text"/> Date <input type="text"/> <small>(Head of Department)</small> Please print name <input type="text"/>	DEPARTMENT STAMP & DATE
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FOR OFFICE USE ONLY	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

- This form must be completed by all students wishing to register for **Part-time & Evening Courses**. A separate Registration Form must be completed for each course for which you apply.
- 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 (click on Admissions).
- 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.
- If you have any medical condition that could give rise to difficulties while attending, please inform your Head of Department.
- 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.
- Copies of the Student Regulations may be obtained from the CIT website: 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.

PAYMENT

PAYMENT METHOD: Bank Giro This will be posted to you upon submission of Registration Form Invoice If your employer is sponsoring you please tick this box and enclose a letter of undertaking from your employer and return with this Registration Form

(Please tick appropriate box)

Cheque Laser Card Credit Card

FOR CREDIT/LASER CARD PAYMENTS, PLEASE ENTER DETAILS:

CARD TYPE: VISA MASTERCARD LASER

CARD NO:

CARDHOLDER NAME: _____ EXPIRY DATE: _____