

Athlone Institute of Technology

Institiúid Teicneolaíochta Bhaile Átha Luain

Department of Adult and Continuing Education

Application Form 2011-2012

Completion of an Application Form does not necessarily guarantee a place on a course.

1. COURSE TITLE

Please enter the course to which you are seeking admission

Course Title

Course Year

If you are seeking exemptions from part of this course, you must submit a formal letter of request along with copies of previous Certificates, Diplomas, Degrees and/or other relevant information with this application.

2. PERSONAL DETAILS (BLOCK CAPITAL LETTERS)

Surname

First Name(s)

Tel. (Home)

(Work)

(Mobile)

Address

Email

Company Name and Address

Male Female

PPS No. _____

Date of Birth

Are you currently employed? Yes No

Country of Birth

3. FEE PAYMENT

Cash

Cheque

Postal Order/Banker's Draft

Laser

Visa

MasterCard

Card Holder's Name

Address

Card No.

Expiry Date

Amount €

Card Holder's Signature

4. HOW DID YOU HEAR ABOUT THIS COURSE?

- Radio Newspaper Leaflet Friends Exhibition
 Other If Other, please specify: _____

5. DECLARATION

I declare that the information given by me in this application is true and accurate and that if I am admitted as a student I will abide by the regulations of Athlone Institute of Technology

Signed _____

Date

Please return completed application to:



Department of Adult and Continuing Education

Athlone Institute of Technology
Dublin Road, Athlone, Co Westmeath

Tel: 090 6483050

Fax: 090 6483055

Email: cburke@ait.ie / jking@ait.ie / jcooper@ait.ie

FOR OFFICIAL USE ONLY

Student No.	Receipt No.	Date
Fee Paid (Cheque/Credit Card)		
€		
€		
Refund €	Date	Reason

Notes