

INTERNATIONAL (Non-EU) STUDENT APPLICATION FORM

ACADEMIC YEAR:

IMPORTANT:

Please complete this form by typing in the relevant fields.

If the box is highlighted in RED, this field is REQUIRED.

If the REQUIRED fields are not filled in, this Application may be delayed.

Hover your mouse over the box for more information.

1. APPLICATION PROCEDURES

Before any application can be considered, the Institute must receive all of the following:

1. Documentary certified evidence of educational qualifications must accompany this application form. Qualifications must be translated to English.
2. Evidence of ability to follow classes in the English language (IELTS examination result or equivalent).
3. Please scan a copy of your passport and include with application.
4. Please scan a letter of recommendation from your academic referee.
5. Detailed Curriculum Vitae in English.
6. Any other relevant information regarding qualifications or previous work experience.
7. It is the applicant's responsibility to see that all documents are attached and Emailed to the International Office email address below on or before **1 June** to be considered for entry to programmes commencing in September each year.

For further information please contact:

International Office, Athlone Institute of Technology, Dublin Road, Athlone, Co. Westmeath,
Ireland. Tel. +353 90 6468273 E-mail: international@ait.ie www.ait.ie

2. COURSE DETAILS

* : Following assessment of your application you may be offered your 2nd or 3rd preference.

** : If you are transferring from a similar course you may be exempt from certain years (Please include any supporting documentation with this application).

*Title of course (in order of preference:)	**Year of Course (for example 1st, 2nd etc.)
1.	Year:
2.	Year:
3.	Year:

3. STUDENT'S PERSONAL DETAILS

Mr./Ms./Mrs. (Delete as appropriate)

Family name: Firstname(s):
 Date of birth: (day/month/year) Country of birth:
 Sex: M: F: Nationality:
 Marital Status: Married: Single:
 Home address: Address for correspondence (if different):

Tel.: Tel.:
 E-mail: E-mail:

Parents/Guardians Names: Parents/Guardians Occupations:
 (i) (i)
 (ii) (ii)
 Parents/Guardians place of residence: Tel.:
E-mail:

If you are admitted to the Institute, who will pay your fees?

4. EDUCATIONAL BACKGROUND

State recognised Examinations
 Please enter details of final state examinations and secondary school attended.
 Name of School: State-recognised Examinations:
 Address:

Subject	Grade	Academic year:	Subject	Grade	Academic year:

Please provide further information about additional second level education.

Name of School:

State-recognised Examinations:

Address:

Subject	Grade	Academic Year	Subject	Grade	Academic Year

HIGHER EDUCATION

Please enter details of higher education programme you are completing/have completed.

Name of Institution:

Programme of Study:

Address:

Subject	Grade	Academic Year	Subject	Grade	Academic Year

Result:

Result Status:

Result Year:

5. OTHER INFORMATION

If you have not continued at University, state reason(s) why:

If you have a disability, a significant ongoing illness and/or specific learning difficulty you are encouraged to indicate this on your application (although you are not obliged to do so).

Providing information about your disability will enable AIT to consider any specific support needs you may have during your studies.

Please note that disclosure of a disability and/or specific learning difficulty will not adversely affect your application in any way.

If you wish to disclose your disability or specific learning difficulty please select 'yes' and provide information about the nature of your disability.

Disability/Specific Learning Difficulty ?

Yes

No

If yes, what is the nature or your disability?

6. LANGUAGE COMPETENCY

English Language Qualification(s):

If English is NOT your first language, this section must be completed.

Please specify which English Language qualification you have, or intend to sit, and give the relevant grade/score for all components. Please scan documentation.

IELTS:

ToEFL Internet based:

Other(Please specify):

Grade:

Grade:

Grade:

7. EMPLOYMENT EXPERIENCE

Please provide details of employment which you consider may be appropriate in assessing the merits of your application for this course.

Job Title	Employer	Address	Responsibilities and Duties	Years	
				From:	To:

8. ANY FURTHER INFORMATION RELEVANT TO THE APPLICATION

9. CONTACT DETAILS FOR EDUCATIONAL REPRESENTATIVE/AGENT

Please enter details if applying through an Education Agent.

Agents Name:

Agents Email:

10. DECLARATION

I certify that the information given is accurate and complete. If my application is accepted, I undertake to observe the Institute's regulations and to ensure payment of fees and other liabilities.

Tick this box if you agree

Date:

OFFICE USE ONLY

The above-mentioned student is:

Accepted at our institution

Not accepted at our institution

Provisionally accepted at our institution, subject to:

Signed: Head of School/Department

Date:

Date Offer Made:

Date Offer Accepted:

Date Fees Paid: