

# **Introduction**

## Please complete this form if you wish to:

- Enroll on DCU accredited undergraduate or postgraduate modules
- Enroll for specifically identified modules to meet the requirements of the Teaching Council (subject to approval by Programme Chairperson)

## **Please Note:**

Postgraduate Research Students who are part of a structured inter-institutional programme underpinned by a specific institutional collaborative agreement must register by using the <u>R26H form</u>. Further information for international research students can be found on the website of the <u>Graduate Studies Office</u>

Visitors and/or contractors should complete the Visitor /Contractor I.D. Request Form available from the main DCU Reception.

#### Application is made by:

- Completing the attached form, having first identified the required modules and sought the permission from the relevant Faculty for enrolment
- Obtaining the signature of the programme Chairperson
- Providing proof of identity a current passport is required
- Paying the appropriate fee to the Finance Office

## Data Protection Notice

Personal information that you submit to Registry in connection with any service provision will be treated in accordance with the DCU Data Protection Policy which can be viewed at the following website address:

#### http://www4.dcu.ie/sites/default/files/iss/pdfs/DCU Data Protection Policy.pdf

The University shall only process such information in line with the purpose for which you provide it and to the extent necessary to provide you with the information or service you require.

The personal data may be disclosed to staff and agents of the University in order to support services to you. In addition, personal data may be disclosed to government departments, statutory bodies and funding agencies where this is required under legislation or for the provision of services.

In order to ensure our records are correct we urge you to answer all relevant questions accurately. If your personal details should change please let us know so that we can update our records.

Dublin City University is not responsible and shall not be bound by errors in or omissions from this publication; the University reserves the right to revise, amend, alter or delete programmes of study and academic regulations at any time by giving such notice as may be determined by Academic Council in relation to any such change.



# PLEASE TICK APPROPRIATE CATEGORY:

- 1 Research students enrolling for module(s)
- 2 Student/Individual enrolling for module(s)

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# **APPLICANT DETAILS**

## PLEASE COMPLETE IN BLOCK CAPITALS

First Name:	Surname:
Address in Ireland:	
Telephone Number:	Nationality:
Email Address:	Date of Birth:
Mobile Number:	Country of Birth:
Home Address if different from above:	
Next of kin Details (to	•*************************************
First Name:	Surname:
Address:	
Telephone Number:	
	tion is correct and I hereby undertake, if admitted as a student d comply with all the regulations of the University.
Signature of Applicant:	Date:
To be completed by Registry O	ffice:
Identification Checked and Copy retained:	Yes:
Student Number:	_ Date Registered:



Signature:\_\_\_\_

For Single Module Programme(s) please provide the following information:

Module Code:		
Module Semester:		
Module Title(s) :		
Applicant Declaration:		
I have obtained details of the timetable for the above mo clash that will prohibit me from attending the full requi		
Signed:	Date:	
<u>Applicants MUST have this form signed by the program</u> and Learning:	nme Chairperson or Associate Dean for Teaching	
Applicant Signature	Date:	
Programme Chair:	Print Name:	
Name of Faculty or Research Centre:	Contact No:	
FEE INFORMATION		
Applicants for Single Module Programme should contact the Finance Office in person or by telephone on 01 7005153 for fee details and to complete payment.		
To be completed by Finance Office:	Finance Stamp:	
Fee Paid by Applicant: Yes:		