



National University of Ireland, Galway
Ollscoil na bÉireann, Gaillimh

APPLICATION FOR ADMISSION AS A VISITING STUDENT

Serial No. - For Office Use
.....

1. Surname: []
(As on Birth Certificate except in case of married woman)

2. Other name(s): []
(As on Birth Certificate)

3. Title:

4. A married woman applicant should indicate her maiden name (As on Birth Certificate)

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5. Address for correspondence

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6. Date of Birth (in numerals):

Day __ Month __ Year ____

7. (a) Country of birth

(b) County of birth

8. Sex and Marital Status:

(a) if male write 1, if female write 2, in this square

(b) if single write 1, if married write 2, if widowed write 3 in this square

9. Parents' Names and Address

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**10. Is either of your parents a graduate of the National University of Ireland, Galway?
If so, state degree obtained and year of graduation.**

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11. Indicate period for which application is being made

Full Year Semester I Semester II

12. Subject choice and/or course choice.

- | | |
|---------|---------|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

**13. Have you ever attended any University College?
If so, state:**

Name of Institution(s) Concerned	Period(s) of attendance thereat	Course(s) taken	Examination(s) taken	Examination result(s) obtained	Reason(s) for withdrawal

14. Indicate subject(s) in which you intend to major

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I acknowledge that the particulars given in relation to this application are in all respects true

Signature: Date:

NB APPLICATION FORMS SHOULD BE RETURNED SO AS TO REACH THE ADMISSIONS OFFICE NOT LATER THAN

- (a) 30 April for admission to all of the following academic year or Semester I thereof, or,**
- (b) 31 October for admission to Semester II.**