

TRANSFER APPLICATION FORM - 2014/15

APPLICATION FOR

- YEAR 2 HIGHER CERTIFICATE COURSE (LEVEL 6)
- YEAR 2 or 3 THREE YEAR AB-INITIO DEGREE COURSE (LEVEL 7)
- YEAR 2, 3 or 4 FOUR YEAR AB-INITIO HONS DEGREE COURSES (LEVEL 8)

Apply on line for a one year Add-on Degree (L7) / Hons Degree (L8) - www.itsligo.ie

Please indicate below the course and year into which you wish to transfer:

COURSE:	YEAR:	2	3	4
----------------	--------------	----------	----------	----------

PLEASE USE BLOCK CAPITALS

1. Surname

2. First Name:

3. Permanent Home Address

4. Date of Birth / /

5. Nationality 6. Country of Birth

7. Are you an EU citizen 8. If you are not an EU citizen, how long have you lived in Ireland.

9. Telephone Numbers

10. Email:

Block Capitals

I authorize the Institute to contact me via SMS messaging to my mobile phone for Institute related business.

FOR OFFICE USE ONLY

DATE RECEIVED	WEIGHTING FACTOR	SCORE	OFFER

11. THIRD LEVEL

Please give details of courses studied to date. Start with the most recent / current course.

Title of Course	College	Level 5/6/7	Duration		Overall Result (Give overall results if available (Merit 1, Distinction), GPA or pending 2014 if studying currently)	Name of course Co-ordinator
			From:	To:		

- Note:**
- a) Submit a copy of all relevant results with this application.
 - b) Where final examinations are in May 2014, please submit **now** a list of all the subjects studied this year and copies of exam results for all previous academic years.

11. WORK EXPERIENCE: Extra points are awarded for relevant work experience. The duration must be minimum 36 weeks continuous, full time employment

Note: Please attach a reference from your employer (s), detailing dates of employment and duties performed

Employer Name:	Dates Employed:
Duties:	

12. OTHER RELEVANT COURSES TAKEN (include part –time)

Name of College/Training Authority	Course	Year	Result

DECLARATION

I certify all the above to be accurate and I agree to be bound by all Institute Regulations, Computer Use Policy and Examination Regulations. I hereby agree that the Institute may provide data on me to employers or professional bodies and other third parties and may use my photograph in publications of the Institute where they judge this to be in the best interest of either myself or the Institute. I authorize the Institute to provide such information contained on this form to HETAC, the DOES, HEA and other relevant authorities. The Institute is a Data Controller and will comply with its obligations under existing or future Data Protection and Freedom of Information legislation with regard to the dissemination of personal information to any third party.

The Institute of Technology Sligo, taking into account the changing needs of the learner, society and industry, must at times change programmes, courses or modules. The Institute, being mindful of the above, and in order to ensure the efficient and effective operation of the Institute reserves the right to change any programme, course or module.

Signed _____ Date _____

Completed application forms should be returned to:

TRANSFERS, ADMISSIONS OFFICE, INSTITUTE OF TECHNOLOGY, ASH LANE, SLIGO.

THE CLOSING DATE FOR RECEIPT OF APPLICATIONS IS 1st APRIL, 2014.