



International Student Application Form

Attach
passport
photo
here

Waterford Institute of Technology
INSTITIÚID TEICNEOLAÍOCHTA PHORT LAIRGE

Please complete this application form in **BLOCK CAPITALS** and in **black ink**

1. Personal Details

Title: Mr | Ms | Miss | Mrs:

Family Name (as per passport):

First Name(s) (as per passport):

Home Address:

Postcode:

Telephone Number: (including STD Code):

Day: Evening:

Mobile:

Fax Number:

Email:

Correspondence Address (if different):

Postcode:

Gender: Male Female

Date of Birth: Day: Month: Year:

2. Fee Status

(i) Country of Birth:

(ii) Nationality (as on Passport):

(iii) Country of usual permanent residence:

(iv) Applicants who do not hold an EU passport:

(a) Have you applied for Refugee or Asylum status in Ireland?

Yes No

(b) Have you been granted indefinite leave to remain in Ireland?

Yes No

Date Permanent Residence granted:

(c) Is your stay in Ireland for education purposes,
i.e. a student visa? Yes No

3. Payment of Fees

Who is expected to pay your fees? (tick as appropriate)

Yourself

Your Family

Other Sponsor

Scholarship

4. Course for which you are applying

	Course Title:	Course code:
First Choice		
Second Choice		

Year of Entry: (if applicable)

Year 1 Year 2 Year 3 Year 4

Please state the month and year when you expect to start the Course.

Month:

Year:

5. Educational Qualifications – Please state most recent first and attach notarised translations of certificates and transcripts. These should be in both original language and English. Original certificates will be requested at registration.

(a) Secondary School, Name and Address	Final Award	Grade	Year
(b) Third Level University or College, Name and Address	Final Award	Grade	Year

6. English Language Qualification

If English is NOT your first language this section must be completed. Please specify which English language qualification you have or intend to take, and give the relevant grade/score for all components (ielts, Toefl, Cambridge, etc.).

7. Employment

Employer's Name and Address	From Month & Year	To Month & Year	Position Held	Full-time or Part-time	Brief Outline of Duties
1.					
2.					

8. Personal Statement – Continue on a separate sheet if required

You are advised to complete this section with particular care and as fully as possible. This section must be completed by the applicant and not by a third party, e.g. agent or relative. Maximum 150 words.

You should include:

- (i) Your reasons for choosing the award/course.
- (ii) How this application relates to your career path

9. Disability/Special Needs – Please tick the appropriate box:

The Institute encourages you to disclose any disability or medical condition which may affect your future studies. All offers are made on academic grounds and the information given here will be used to help provide services which meet your needs.

- | | | | | | |
|----------------------------|--------------------------|--|--------------------------|---------------------------------|--------------------------|
| 1. No Disability | <input type="checkbox"/> | 3. Deaf/Hearing Impairment | <input type="checkbox"/> | 6. Mental Health Difficulties | <input type="checkbox"/> |
| 2. Dyslexia | <input type="checkbox"/> | 4. Wheelchair User/Mobility Difficulties | <input type="checkbox"/> | 7. Disability not listed above. | <input type="checkbox"/> |
| 3. Blind/Partially Sighted | <input type="checkbox"/> | 5. Personal Care Support | <input type="checkbox"/> | | |

If disabled, please provide brief details:

10. Medical Insurance

Note: It is important that all international students who accept a place and register at WIT, have a comprehensive health insurance policy in place.

Do you have medical insurance? Yes No

Please specify your insurance company. _____

11. Previous Study at Waterford Institute of Technology

Have you previously studied at Waterford Institute of Technology? Yes No

If YES, please state the award achieved and student ID number (if known)

12. How did you hear about the course at Waterford Institute of Technology?

(a) We would be grateful if you could indicate how you heard about the course you have applied for. This will enable us to plan further publicity more effectively. Please tick the relevant box and provide details.

- Advertisement
- From a Friend
- Internet
- Agent
- Recruitment Fair
- Other

(b) How are you making this application?

Direct

Through an agent (If yes, please name)

Agent Stamp:

Through a partner college (If yes, please name)

College Stamp:

Other.

13. Checklist

Have you:

1. Completed the application form in full
2. Attached notarised certified copies of transcripts/certificates of your qualifications.
3. Attached one passport photo to front of form
4. Copy of passport photo page
5. Evidence of English language competence

Incomplete Applications will not be processed.

PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:

International Office,
Waterford Institute of Technology,
Cork Road,
Waterford,
Ireland.

Tel: +353 51 306124 | 845506

Fax: +353 51 302486

Email: international@wit.ie

14. Declaration

I confirm that the information given on this form is correct and complete, and that I have completed all sections myself.

Signature of Applicant: _____

Date: ___ | ___ | ___