

# Part-time Student ENROLMENT FORM

# DkIT Part-time ENROLMENT FORM



For information on Part-time Courses  
please contact:

Lifelong Learning Centre  
Dundalk Institute of Technology  
Dundalk Co. Louth Ireland

T + 353 42 9370290  
F + 353 42 9370291  
E parttime@dkit.ie  
W www.learn.ie

Dundalk Institute of Technology  
2011-12

Name of Student

Name of Course

Course Code

Banner ID (office use only)

[www.dkit.ie](http://www.dkit.ie)

[www.learn.ie](http://www.learn.ie)

# Part-time Student Enrolment Form 2011-12

First name \_\_\_\_\_ Surname \_\_\_\_\_ Male  Female

Address for Correspondence \_\_\_\_\_

Telephone numbers: Home  Work  Mobile

Date of Birth  PPS Number

Email Address  Nationality

## Course Details

Course Code \_\_\_\_\_

Course Title \_\_\_\_\_

Course Stage \_\_\_\_\_

Have you studied at the Institute before? Yes  No  Please provide details \_\_\_\_\_

## How did you find out about our courses?

Local Newspaper  Local Radio  Mailshot  Word of Mouth

Our Website  Other Website (please give details)  \_\_\_\_\_

Other (please give details)  \_\_\_\_\_

## Previous Qualifications Details

Intermediate / Junior Certificate	<input type="checkbox"/>	
Leaving Certificate	<input type="checkbox"/>	
National Certificate	<input type="checkbox"/>	
National Diploma	<input type="checkbox"/>	_____
Degree	<input type="checkbox"/>	_____
Post Graduate Diploma	<input type="checkbox"/>	_____
Masters	<input type="checkbox"/>	_____
Ph.D.	<input type="checkbox"/>	_____
Professional Qualification	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

Remember you can **enrol online** at [www.learn.ie](http://www.learn.ie)

## Fees

I enclose my remittance for €  Method of Payment: Cash  Cheque  Postal Order/ Bank Draft

Credit/Debit Card Payments, please enter details: Expiry Date: \_\_\_\_\_

Visa  Mastercard  Laser  I authorise you to debit my account by €

Cardholder Signature: \_\_\_\_\_

Card No:  Security No:

Please tick appropriate box and complete section below:

Not in employment  Name of Employer \_\_\_\_\_  
Your job title/ post/ grade \_\_\_\_\_

At present in employment  Employer's Tax Reg. No. \_\_\_\_\_  
Full office address \_\_\_\_\_

Engaged in full-time study

Please tick if your employer is paying your course fees

\*Employer Contact Name: \_\_\_\_\_

*\*[A letter from your employer with a Purchase Order Number included confirming that your fees will be paid to the Institute must be submitted with your application. Employers who have paid student fees can receive a progress report upon request]*

**Signature of Applicant** \_\_\_\_\_

## For Office Use:

Fee – Amount due € <input type="text"/>	Fee – Amount paid € <input type="text"/>	Receipt number <input type="text"/>
Photograph taken	Initials <input type="text"/> Date <input type="text"/>	Student Card issued
Form received	Initials <input type="text"/> Date <input type="text"/>	Money received
Put on computer	<input type="text"/>	Filed
Put on banner	<input type="text"/>	Refund requested