



APPLICATION FORM – PART TIME UNDERGRADUATE PROGRAMMES

Please Enter Year
20

Student No:

Office Use									

 Masterfile Input

Date received
Office Use

Photograph

Surname

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 Office use:

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First Name(s)

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Permanent home address

Correspondence address (if different)

Home telephone: _____ Telephone (above address): _____

Mobile Phone _____ Gender: M F Email Address: _____

Date of birth:

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 Nationality: _____ Country of birth: _____

PROGRAMME REQUIRED THIS SESSION

Programme title: **ITAA Certified Travel Professional** Programme Code:

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If you have attended DIT previously, please state programme title and previous student number:

Programme title: _____ Student No.

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Disability
If you consider yourself to have a disability or significant health problem, please give details below and attach medical documentation.

Declaration: I declare that the information given by me on this form is true and accurate, and if accepted, I agree to familiarise myself with, and be bound by, the regulations of the Dublin Institute of Technology. Student regulations are available from Registrations Offices or at www.dit.ie/DIT/students/DIT_Student_Regulations.doc

Applicant signature: _____ Date: _____

Enrolment authorised by: _____ Date: _____

Payment to be made at time of enrolment using Credit Card, Laser Card or Cheque.

Eligibility of students for enrolment on the ITAA Travel Professional Programme is outlined in the memorandum of agreement between the ITAA and the DIT.