

**INTERNATIONAL APPLICATION FORM**

**APPLICATION PROCEDURES:**

* **This application must be typed in full and returned to the International Office at the address below.**
* **It is the applicant’s responsibility to ensure that all documents reach us by June 1st.**
* **Certified English translations must be provided if the transcripts are not in English.**
* **Please do not send original documents, as any documentation submitted will not be returned.**

**INFORMATION REQUIRED:**

**1.** **Application Form**  **□**

**2.** **Certified copies of** t**ranscripts of Examination Results**  **□**

**3.** **Letter of Recommendation □**

**4. Copy of Passport or Identity Card □**

**Please send by email to** [**lynch.patrick@itsligo.ie**](mailto:lynch.patrick@itsligo.ie) **or registered post to:**

Mr Patrick Lynch

International Office

Institute of Technology Sligo

Ash Lane

Ballinode

Sligo

Ireland

**Phone: 00-353-71-9137298**

**Fax: 00-353-71-9160475**

**Email: lynch.patrick@itsligo.ie**

**Website: www.itsligo.ie**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INTERNATONAL APPLICATION FORM | | | | | | | | | | | | |
| **IT Sligo Campus: Sligo □** | | | | | | | | | | | | |
| **APPLICATION MUST BE TYPED** | | | | | | | | | | | | |
| STUDENT INFORMATION | | | | | | | | | | | | |
| **Surname** |  | | | | | **Sex** | | | | | | |
| **First Name** |  | | | | | **M** | |  | | | **F** |  |
| **Permanent Address** |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **Country** |  | | | **Nationality** | | | | | | | | |
| **Date of Birth** |  | | | **Passport No** | | | | | | | | | |
| **Telephone No** |  | | | **Email** | | | | | | | | |
| EDUCATION DETAILS | | | | | | | | | | | | |
| **Home College/Institution** | | | | **Area of Study** | | | **From** | | | **To** | | | |
|  | | | |  | | |  | | |  | | | |
|  | | | |  | | |  | | |  | | | |
|  | | | |  | | |  | | |  | | | |
| **Certified Transcripts must accompany this application** | | | | | | | | | | | | |
| Agency (if applicable) | | | | | | | | | | | | |
| Name | | | | Email | | | | | | | | |
| English Qualifications | | | | | | | | | | | | |
| **Course Taken (IELTS, TOEFL, etc)** | | | **IELTS / TRF Number** | | **Date** | | | | **Result** | | | |
|  | | |  | |  | | | |  | | | |
| **Certified Transcripts must accompany this application** | | | | | | | | | | | | |
| **Course choice** | | | | | | | **YEAR** | | | | | |
| **1st  Choice** | |  | | | | |  | | | | | | |
| **2nd Choice** | |  | | | | |  | | | | | | |
| STUDENT DECLARATION | | | | | | | | | | | | |
| I declare that the above information is correct and, if admitted, I will abide by the Code of Student Conduct for Institute of Technology Sligo. | | | | | | | | | | | | |
| Student Signature: Date: | | | | | | | | | | | | |