**Erasmus Student Incoming Application Form 2019/2020**

Closing date for submission of application is **1 June 2019** for courses starting in September 2019 and 2 **December 2019** for courses starting in January 2020. Please type this form, completing in full.

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| Name of College you are currently attending and postal address: |
| Departmental Co-Ordinator: Name, telephone and contact email |
| Institutional Co-Ordinator: Name, telephone and contact email |

**PERSONAL DATA**

|  |  |
| --- | --- |
| Surname: | First Name: |
| Address: | |
| Date of Birth: | Nationality: |
| Gender: Male □ Female □ | Mobile Tel No:  (include country and area code) |
| Email Address: | |
| In case of an emergency while living and studying in Ireland please give details of a next of kin who we can contact: | |
| Name | Relationship to you: |
|  |  |
| Telephone Number: | Email Address: |
| Do you have any medical condition that TU Dublin - Blanchardstown Campus needs to be aware of?  Yes □ No □  If Yes please provide details including the current support(s) you receive from your own College | |

**CURRENT STUDIES:**

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| Name of course you are currently studying: |
| How many years have you already completed? |
| Number of ECTS credits already achieved: |

**COURSE AND MODULE SELECTION**

Please identify the course(s) you wish to study at TU Dublin - Blanchardstown Campus

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| --- | --- | --- |
| **Course Code** | **Course Name** | **Course level (year)** |
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Please list all of the modules you wish to study at TU Dublin - Blanchardstown Campus.

Information on module codes, names, levels and credits can be obtained on the website <http://courses.itb.ie>

It is possible to study modules from different courses, but be aware that timetables may clash and are not issued until the start day of your programme. To avoid this, you should restrict your choice by selecting from one course and one year, or a maximum from one course two years

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| --- | --- | --- | --- |
| **Course Code** | **Module name** | **Level (year)** | **Credits** |
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**Duration:**

Are you staying for **Semester 1: \_\_\_\_\_\_\_\_** **Semester 2: \_\_\_\_\_\_\_\_** **Full Academic Year \_\_\_\_\_\_\_\_\_**

**English Language Proficiency**

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| --- | --- |
| **Examination Held (IELTS/TOEFL/Cambridge, etc** | **Score** |
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**Important Notes:**

It is essential that all in-coming Erasmus students have adquate travel and health insurance prior to arriving at TU Dublin Blanchardstown Campus. Please ensure you have obtained this prior to arriving as you are required to have a copy of this with you at the time of registering.

By signing this form you are acknowledging that the personal information you have provided will be used solely for the purposes of your Erasmus+ study period and will only be made available to other relevant parties associated with Erasmus+ including the Mobility Tool of the European Commission, and the HEA. All information will be retained for a period of 5 years.

**Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return this signed application form in pdf format to Fiona.Canning@itb.ie**