

## Final Course Acceptance Form 2010/11

This form should be completed after you have made your final acceptance of a place on an approved FULL-TIME Post Leaving Certificate, Undergraduate or Postgraduate course in Ireland and have applied for a Maintenance Grant for 2010/11. The completed form should be returned to the Local Authority/VEC office where you have made your Maintenance Grant application. This form enables the Local Authority/VEC to confirm that you have accepted an approved FULL-TIME course in an approved institution.

Please write in block capitals and place a tick (✓) in appropriate boxes where provided.

### PART 1 – PERSONAL DETAILS

Candidate's Name: \_\_\_\_\_

Candidate's Home Address: \_\_\_\_\_

Candidate's Tel No: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

PPS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### PART 2 – COURSE DETAILS

The approved full-time course which I have accepted is as follows:

- (i) Name of Approved College/ Institution \_\_\_\_\_
- (ii) Full address of College/Institution: \_\_\_\_\_  
 \_\_\_\_\_ Distance to College(kms): \_\_\_\_\_
- (iii) Full Title of Course: \_\_\_\_\_
- (iv) CAO Course Code (where applicable, e.g. AL001): \_\_\_\_\_ (Please attach a copy of CAO/College offer)
- (v) Course Level: FETAC: Level 5  Level 6   
 (Please tick as appropriate) Undergraduate: Level 6  Level 7  Level 8   
 Post-Graduate: HDip  Postgraduate Diploma  Masters  PhD
- (vi) Is this course an "add on" course Yes  No
- (vii) Course Duration: 1 year  2 years  3 years  4 years  over 4 years   
 (Please tick as appropriate)
- (viii) Course year 2010/11 Year 1  Year 2  Year 3  Year 4
- (ix) Full-time course Yes  No

### PART 3 - DECLARATION

#### SIGNED DECLARATION

I certify that the above information is correct and that the course I am attending is a full-time course. I undertake to notify the Local Authority/VEC immediately of any change in my course, college or institution, duration or attendance pattern. I will also notify the Local Authority/VEC if I defer attendance on this course or if, having commenced the course, I cease to continue to attend.

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_