

**lyit****Institiúid Teicneolaíochta Leitir Ceannainn**
Letterkenny Institute of Technology

1. Application Type (please ✓ appropriate box below)

<input type="checkbox"/> Undergraduate <small>(specify year)</small>	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4
<input type="checkbox"/> Postgraduate <small>(Higher Diploma, Postgraduate Diploma, Masters)</small>			
<input type="checkbox"/> IT Support	<input type="checkbox"/> ACCS	<input type="checkbox"/> Other	

If you have ever been registered for a course in LYIT quote your student ID number and the last calendar year you attended LYIT:

ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. Personal Details (please complete in block capitals)

NB If you are a current LYIT student applying for a full-time course you do not need to complete this application form, please contact the Admissions Office for details.

Surname		First Name(s)	
<input type="text"/>		<input type="text"/>	
Address			
<input type="text"/>			
<input type="text"/>			
Email address			
<input type="text"/>			
Phone number	Country of Birth	Nationality	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender	Date of Birth DD/MM/YY	PPS Number*	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	This is a 7 Digit number followed by either one or two letters. It is available from your local Social Welfare Office. <input type="text"/>	
Medical or Learning Disability <small>(see note 3 in the guidelines section)</small>			
<input type="text"/>			

3. Course Choice (see attached list)

Applicants may apply for **two** courses only.

Preference No.	Course Code	Course Title	Year of course
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*PPSN is required for the purposes of Statutory and HEA Returns and also Department of Social Protection Anti-Fraud Checks.

4. Previous Third Level Education (Higher Education)

Please insert student ID number:

ID Number

College attended		Dates from-to	
Course(s) taken		Results* (if known)	
College attended		Dates from-to	
Course(s) taken		Results* (if known)	
College attended		Dates from-to	
Course(s) taken		Results* (if known)	

*NB Transcripts of results must be attached.

5. Relevant Work Experience

Name of employer	Phone number
Address of employer	
Position held	Dates of employment from-to
Brief description of duties	

6. Personal Statement *(To be completed by Postgraduate and IT Support applicants only)*

Please state your reasons for applying for this course and provide any further information which you would wish to give in support of your application – maximum 250 words.

DECLARATION *(Must be signed and dated by applicant)*

I certify that the information I have provided on this form is accurate to the best of my knowledge. If admitted to Letterkenny Institute of Technology, I agree to abide by such College Rules and Regulations (Academic and General Rules) as are in force from time to time.

Signature of applicant _____ Date _____

**Please return the completed
application form to:**

Admissions Office
Letterkenny Institute of Technology
Port Road
Letterkenny
Co Donegal