

Application for Admission as an Occasional Student * FEE-PAYING *

Tick one box:		Audit ☐ (attendance only)	OR	Credit: ☐ (ECTS credits)		
If you	are registere		ır student nuı	entifical University, May mber in the space provi	ded:	university, please
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1.		as on birth certificate):				
2.		e surname (if applicable):				
4.	Date of birth://		_	5. Nationality:		
6.			_	Country of birth:		
7.	Sex: (tick as appropriate) ☐ Male			□ Female		
8.	Address:					
Email:						
9.	What is yo	ur occupation at present	?:			
10.	Please ind	r:				
12.		igher education:				
Institu	tion attende	d:				

1 or 2:		
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	cel any offers of praction has been s	accurate and that if I am admitted as a cel any offers of places, where requeste mation has been supplied.

SUBMISSION OF APPLICATION: Please return completed form to the Admissions Office, registry@spcm.ie