

DEPARTMENT OF LIFELONG LEARNING PART TIME COURSE APPLICATION FORM



If you are applying for an applied learning course where no formal assessment or examination is required, please complete pages 1 and 2.

If you are applying for an accredited academic programme such as a Higher Certificate, Degree, or higher you must complete all pages 1 to 4.

Please complete in BLOCK CAPITAL LETTERS.

Office use only

Received

Personal Development

Academic

Pay Plan Y

Approved N

1. COURSE

Please enter the course to which you are seeking admission

Course Title _____ Year _____

Have you previously been a student in Athlone I.T.? Yes No

If yes, state name and year of course: _____

Full-time _____ Part-time _____ Student Number _____

2. PERSONAL DETAILS

Surname _____ First Name(s) _____

Contact No.(mobile preferred) _____ Gender _____

Email Address _____

Address _____

Nationality / Citizenship _____ PPS No _____

Domiciliary Origin (Your country of permanent residence in the 3 years prior to entry to AIT) _____

Country of Birth _____ Date of Birth _____

3. FEE PAYMENT

- Cheque
- Postal Order/Bankers Draft
- Credit/Debit Card
- Structured Payment Plan

(Only for fees over €1,000
See section 9 on page 4)

Cardholder's Name _____

Cardholder's Address _____

Card No

Expiry date CVV

Amount _____

Cardholder's Signature _____

4. HOW DID YOU HEAR ABOUT THE COURSE

Radio Newspaper Leaflet Friend Exhibition Other

If other, please specify: _____

5. TERMS AND CONDITIONS

Athlone Institute of Technology is a Data Controller and will comply with its obligations under existing or future Data Protection and Freedom of Information legislation. Further details regarding how your data is stored and processed is available in our full Student Privacy Policy at www.ait.ie/gdpr.

You must agree to these Terms and Conditions in order to register as a student with Athlone Institute of Technology.

I confirm that I have read the Student Privacy Policy and agree to the processing of my data by Athlone IT in accordance with these guidelines.

I confirm that I have read and agreed to these Terms and Conditions

Contact Permission

Occasionally, it may be necessary for the Institute to send a text message or email in relation to your registration status, changes to timetable or institute business of which you need to be aware. Consent to be contacted by SMS is included in the AIT Privacy Policy available at www.ait.ie/gdpr.

Consent to be contacted by personal email must be given/denied by indicating below and can be revoked at any time by emailing lifelonglearning@ait.ie

Yes, you may contact me by using my personal email address as given on this form.

No, I do not wish to be contacted by using my personal email address as given on this form.

6. DECLARATION

I declare that the information given by me in this application is true and accurate and that if I am admitted as a student I will abide by the regulations of Athlone Institute of Technology.

Signed _____ Date _____

If you are applying for an accredited academic programme such as a Higher Certificate, Degree or higher award you must also complete page 3 and 4, and return to Lifelong Learning accompanied with any supporting documentation.



Please return completed application to:

Department of Lifelong Learning
Athlone Institute of Technology
Dublin Road, Athlone
Co. Westmeath

All enquiries: Tel: 0906483050 Email: lifelonglearning@ait.ie

7. DETAILS OF THIRD LEVEL EDUCATION

Full Title of Third Level Qualification _____

Name of Awarding Body _____

Name and Address of College Attended (or currently attending) _____

Years Attended: From _____ to _____ Overall Result _____ Year of Award _____

Have you successfully completed and passed all modules of the above programme Yes No

If no please give details _____

8. ADDITIONAL QUALIFICATIONS

Full Title of Qualification _____

Awarding / Training Body _____

Name and Address of College Attended _____

Overall Results _____ Year of Award _____

Full Title of Qualification _____

Awarding / Training Body _____

Name and Address of College Attended _____

Overall Results _____ Year of Award _____

Full Title of Qualification _____

Awarding / Training Body _____

Name and Address of College Attended _____

Overall Results _____ Year of Award _____

9. FLEXIBLE PAYMENT OPTION

We encourage all students to pay their course fee in full on registration. However in some cases we recognise that this may not be possible. Recognising this, we have introduced a structured payment plan option, that is only available on courses where the course fee exceeds €1000.

The structure of the Flexible Payment Option is:

| | | |
|---------------|-----------------|---|
| Payment One | On application | €550 deposit |
| Payment Two | 8 November 2019 | €600 (or Balance of fees if less than €600 outstanding) |
| Payment Three | 17 January 2020 | €600 (or Balance of fees if less than €600 outstanding) |
| Payment Four | 6 March 2020 | €600 (or Balance of fees if less or more than €600 outstanding) |

(for a typical fee of €2,350)

Please note if you avail of the Payment Plan Option but then do not adhere to the payments above, (for example do not pay the required amount by the required date) you may have your student services revoked, may not be allowed attend further classes or attend examinations until your account is back in good financial standing. Additionally such students will not receive notification of any results or transcripts as long as fees are outstanding.

If you avail of payment plan option and you withdraw early from your course you are still liable for the full fees for the academic year.

To avail of the Payment Plan Option, you must complete and sign below and return this application form to the Department of Lifelong Learning with the deposit of €550. You may make earlier payments and may pay more than the required amount by each date if you so wish.

By signing below, you accept the terms and conditions of the Payment Plan detailed above. You undertake to make the payments listed above, by the relevant due date. You accept that if you do not adhere to the payment amounts or dates, that your student services may be withdrawn and may not be reinstated until your account is back in good financial standing.

Signed _____ Date _____

For further details on the Payment Plan and to discuss your eligibility please contact us.



Please return completed application to:

**Department of Lifelong Learning
Athlone Institute of Technology
Dublin Road, Athlone
Co. Westmeath**

All enquiries: Tel: 0906483050 Email: lifelonglearning@ait.ie