

Visiting Student Application Form

National University of Ireland, Galway

First Name																															
Middle Name																															
Last/Family Name																															
Date of Birth (dd/mm/yy)											M <input type="radio"/> F <input type="radio"/>																				
Home Address																															
Address for Correspondence (if different from Home Address above)																															
Home Tel. Number																Mobile Number															
E-mail Address (Personal)																															
E-mail Address (College)																															
In Case of Emergency, contact:																															
Name																															
Telephone																															
Indicate period for which application is being made:																<input type="radio"/> Semester One <input type="radio"/> Semester Two <input type="radio"/> Full Year															
Subject (area) choice and/or course choice.*																															
1.																2.															
3.																4.															
5.																6.															

* NOTE: You are required to indicate only the general subject areas which you wish to study while attending NUI Galway as a Visiting Student. Applicants who wish to take Engineering or Science classes must indicate the specific classes they wish to take, so that they can be pre-approved by the relevant College or School of the University. All Visiting Students are given a two week period at the beginning of each semester to sample different classes before making their final selections and a further 'drop/add' week is then allowed. Once the deadline for dropping or adding courses has passed, no further course changes are possible. Applicants may refer to the most recent *Visiting Student Academic Handbook* online at www.nuigalway.ie/international for the relevant semester when submitting an initial application, however please note that the exact classes made available to Visiting Students can vary year to year.

University/College you are currently attending:	
Indicate subject(s) in which you intend to major at you home college/university:	

I acknowledge that the particulars given in relation to this application are in all respects true.

Signature: _____ Date: _____

Application Checklist

The following documents must be submitted with the completed application form:

- ☐ up-to-date original transcript.
- ☐ copy of birth certificate.
- ☐ character-reference of a current date from a full-time staff member of the University/College you are attending or other person of standing who knows you personally.
- ☐ the names of two academic referees to whom enquiries as to your academic standing may be addressed, if necessary.
- ☐ a statement as to how you see your proposed courses of study in this University tying in with previous studies and with your future academic/career objectives.

Application forms should be returned to: _____

Visiting Student Applications
International Affairs Office
NUI Galway
7 Distillery Road
Galway
Ireland

- So as to reach the International Office, National University of Ireland, not later than:
- 30 April for admission to all of the following academic year or Semester One, or,
 - 31 October for admission to Semester Two

