



**1. Application Type** (please ✓ appropriate box below)

Undergraduate (specify year)     
  Year 2     
  Year 3     
  Year 4  
 Postgraduate (Higher Diploma, Postgraduate Diploma, Masters)  
 IT Support     
  ACCS     
  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               
   
 Year

**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)**

**Address**

**Email address**

**Phone number**          
   
**Country of Birth**          
   
**Nationality**

**Gender**  Male  Female
   
**Date of Birth**  
 DD/MM/YY          
   
**PPS Number\***  
This is a 7 Digit number followed by either one or two letters. It is available from your local Social Welfare Office.

**Medical or Learning Disability** (see note 3 in the guidelines section)

**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

<b>College attended</b>	<input type="text"/>	<b>Dates</b> from-to	<input type="text"/>
<b>Course(s) taken</b>	<input type="text"/>	<b>Results*</b> (if known)	<input type="text"/>
	<input type="text"/>		<input type="text"/>
<b>College attended</b>	<input type="text"/>	<b>Dates</b> from-to	<input type="text"/>
<b>Course(s) taken</b>	<input type="text"/>	<b>Results*</b> (if known)	<input type="text"/>
	<input type="text"/>		<input type="text"/>
<b>College attended</b>	<input type="text"/>	<b>Dates</b> from-to	<input type="text"/>
<b>Course(s) taken</b>	<input type="text"/>	<b>Results*</b> (if known)	<input type="text"/>
	<input type="text"/>		<input type="text"/>

*\*NB Transcripts of results must be attached.*

#### 5. Relevant Work Experience

<b>Name of employer</b>	<input type="text"/>	<b>Phone number</b>	<input type="text"/>
-------------------------	----------------------	---------------------	----------------------

**Address of employer**

  

<b>Position held</b>	<input type="text"/>	<b>Dates of employment</b> from-to	<input type="text"/>
----------------------	----------------------	------------------------------------	----------------------

**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