

Technological University Dublin

Tuition Fee Assessment Form



Campais Chathair Bhaile Átha Cliath
Dublin City Campuses

STUDENT NUMBER									
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Programme Code:	Year (1, 2, 3 etc.):
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Student Name: _____

Date of Birth (Day/Month/Year): _____ PPS. Number: _____

Email: _____

Programme Name: _____

Academic Session (e.g. 2018/19) ____ / ____

1 **Have you previously completed or partially completed a third level programme?** YES NO

If Yes, was it Completed? Partially completed?

Please give details:

College / University: _____

Programme name: _____

Attended From (exact date): _____ To (exact date): _____

Years Attended (Tick the appropriate box):

	1 st		2 nd		3 rd		4 th	
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Level of Course: Level 6 Level 7 Level 8

2 **If you are NOT an EU Citizen then state (A) you Nationality and (B) your Immigration Status:**

Nationality: _____ Immigration Status: _____

3 **Have you been resident in Ireland or an EU member state for at least 3 of the last 5 years?**

YES
NO IF NO – Please give exact dates: _____

Note: Original Documentation may be requested to authenticate the validity of answers provided

I declare that, to the best of my knowledge and belief, the information I have supplied above is correct

Signature of Student: _____ Date: _____