

Non-EU Application Form 2022/23

Agent Details (if applicable)

Agent email address:	
Agent emandadress.	
I am a direct applicant (mark x):	
Persona	l Details
Surname/Family Name (as on Birth Cert):	First Name:
Date of Birth (DD/MM/YYYY):	
Correspondence Address:	
Town/City:	State:
Country:	Postcode:
Email Address:	Contact Number:
Nationality:	Passport Number:
Emergency Contact Name and Number:	
Are you currently resident in an EU state?	
If Yes, for how long?	
Irish Immigration Card Stamp Type (if applicable)	

Course Choice

Please use course codes and programme titles as outline in the MTU Cork Prospectus: www.mtu.ie/courses/cork

	Course Code		Course Title		
First Preference					
Second Preference					
Year of Entry (place x)	Y1	Y2	Y3	Y4	Masters
	Undergraduate	Undergraduate	Undergraduate	Undergraduate	



Education Details

Third Level (University):				
Name of Institution:				
Address:				
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Years of Study:	From: To:			
Major areas of specialization:				
Qualification (BA, BSc, BEng):				
Results:	Class of Qualification (First, Second):			
Graduation Date:				
Foundation Loyal (if applicable).				
Foundation Level (if applicable):				
Foundation Programme Provide	r:			
Level of Programme:				
Stream (Art, Science, Business):	/ :			
Results:				
Name & Address of School atten Title of Highest examination atta				
Exam Date: Examination Authority:				
Subjects	Level		Grade/Mark	
-			-	
English Language Qualification:				
First Language/Mother Tongue:				
		Proficiency Scor		
Exam:	Score:		Date:	
Please indicate any periods of le	ave of absence f	rom vour studies	and reason:	
,,,,		,		



Professional/Industrial experience (if applicable)

Name of current/recent employer:			
Address:			
	,		
Date of Employment	From:	To:	
Nature of work:			
Level of responsibility:			

Where did you hear about MTU? (mark x)

Education Fair/Exhibition	Agent
Open Day	CIT Representative
Web	Guidance Counsellor
Social Media	Newspaper/Radio
Word of Mouth	Other (please specify):

Declarations

If you have a disability, learning difference or health condition and need support around this when attending MTU for lectures/exams, please contact the Disability Support Service at dssCork@mtu.ie or check www.mycit.ie/dss

I affirm that the particulars given in relation to this application are in all respects true and I agree to be bound by the academic regulations of the Institute. I confirm that all copies of transcripts and other official documents are authentic Signature:

Date:

Please check you have accurately completing all questions

Please refer to our website for full list of documents https://international.cit.ie/make-an-application

All full applications to be sent as 1PDF (documents merged together) to noneu.applicationscork@mtu.ie