



Student Record Information Form

The information on this form is used to set up a student record and for statistical purposes. It is not an application form and will not, under any circumstances, be used in the selection/evaluation process. Please complete in BLOCK LETTERS and return to Programme Director/Head of School for authorisation.

Previous UCD Student Number (if known):

1 Personal Detail

Surname : (as on Birth Certificate / Passport)				
First Name(s) : (as on Birth Certificate/Passport) If you have not attended UCD previously you must attach a copy of your Birth Certificate/Passport personal page(s) . Previous UCD students, have you entered your number above?				
Surname at Birth : (if different)				
Mother's Surname at Birth : (for verification of ID)				
Date of Birth				Gender Female <input type="checkbox"/> Male <input type="checkbox"/>
	Day	Month	Year	Please tick appropriate box
Nationality			Country of Birth	

2 Contact Detail

Permanent Address:	Term Address: (if different)
Permanent Phone:	Term Phone:
Mobile Phone:	Fax:
E-Mail Address: Please print clearly	

3 Programme Detail

Programme:	Major:
Banner Programme Code: (to be completed by School)	Major Code:
Year: (e.g. 1,2, etc)	
Recommendation Date: (This applies to Master's Programmes [non-UCD graduates] and all PhDs – to be completed by School)	
Programme Start Date	September 2008 <input type="checkbox"/> January 2009 <input type="checkbox"/> April 2009 <input type="checkbox"/>
Please tick appropriate box	
Please tick appropriate box	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Programme Assessment Method	By Examination <input type="checkbox"/> By Research <input type="checkbox"/>

4 Academic Detail

Have you attended UCD before? Yes No

If yes, please state dates: From

Month	Year

 To

Month	Year

Have you applied for any other programme in UCD this session? Yes No

If yes, please give details

Qualification(s) Previously Awarded	Date Awarded (Day/Month/Year)	Institution Attended and Awarding Body

5 Further Personal Details

Do you require special facilities due to a disability?
 Yes No

If yes, please contact:
 Disability Officer
 Disability Support Service
 Library Building
 Belfield
 Telephone: 01-7167565

for details of the facilities UCD provides.

Emergency Contact:
 Name: _____
 Address: _____

 Telephone: _____
 Relationship: _____

6 Declaration

I certify that the information on this form is correct and complete. In the event of being accepted and registered in UCD I undertake to obey the Rules, Policies and Regulations of the University (see Student Guide for full detail.) I authorise UCD to supply any relevant information to the Department of Education & Science, the HEA and any Grant Awarding Authority to enable the collection of fees and, where relevant personal information to third party computer systems on my behalf, where needed to provide me with access to electronic library resources.

Student Signature: _____

Date: _____

Please return to Programme Director/Head of School for authorisation.

7 Authorisation

To be completed by UCD Programme Director/Head of School:

Authorising Signature: _____ Date: _____

Authoriser (BLOCK LETTERS): _____