Application Form for Open Learning only

Please complete in BLOCK LETTERS and return it with your payment to: UCD Adult Education Centre, Library Building, UCD, Belfield, Dublin 4.

Please provide as much contact information as possible

PLEASE NOTE: If you have already enrolled by telephone, it is not necessary to submit this form

SECTION 1: Applicant Information			
Surname, as on Passport	First Na	ame(s), as on Passport	Middle Initial
Date of Birth Address: Day Month Year			
Telephone:		Where did you hear about us? UCD Website ☐ Brochure ☐ Wo	rd of Mouth
e-mail address:		Other, please specify	
,	Yes 🗌 No 🔲	UCD Adult Education No. (if known)	
SECTION 2: Course Choice(s)			
Course Code Eg. A N 1 0 1		Course Title(s)	Autumn Spring Summer
Course 1 N			
Course 2 N			
SECTION 3: Signature			
Signature: Date: I agree to be bound by College rules and regulations			
SECTION 4: Fee Payment			
Course Fee € Payment enclosed € Course 1 Course 2		Please do not post any Form of Payment (please Cash Cheque Bank Draft/P.O. Cheques etc. shou UCD Adult Educai	tick) Visa Card Master Card Laser/Debit Card Id be made payable to:
Credit/Laser/Debit Card Number: PLEASE CHECK TO SEE	THAT	YOU HAVE COMPLETED ALL SECTION	Expiry Date / DNS