

## UCD ADULT EDUCATION PROGRAMME – 2012/13

## 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 Name(s), as on Passport			Middle Initial		
Date of Birth			Address:					
Day	Month	Year						
Telephone:			Where did you hear about us? UCD Website <input type="checkbox"/> Brochure <input type="checkbox"/> Word of Mouth <input type="checkbox"/>					
e-mail address:			Other, please specify _____					
Have you enrolled on an Adult Education course in UCD before?			Yes <input type="checkbox"/> No <input type="checkbox"/>			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	<input type="checkbox"/>	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course 2	<input type="checkbox"/>	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 3: Signature

Signature: _____	Date: _____
<i>I agree to be bound by College rules and regulations</i>	

## SECTION 4: Fee Payment

	Course Fee €	Payment enclosed €	
Course 1			<b>Please do not post any cash to the office</b> Form of Payment (please tick) <input type="checkbox"/> Cash <input type="checkbox"/> Visa Card <input type="checkbox"/> Cheque <input type="checkbox"/> Master Card <input type="checkbox"/> Bank Draft/P.O. <input type="checkbox"/> Laser/Debit Card Cheques etc. should be made payable to: UCD Adult Education Centre
Course 2			
Credit/Laser/Debit Card Number:			Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE CHECK TO SEE THAT YOU HAVE COMPLETED ALL SECTIONS