University College Dublin

2012 / 2013

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.

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 ☐ Male ☐
	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/Module:

Where are you attending this programme? (Please tick appropriate box)	Mater Misericordiae University Hospital	☐
	St Vincent's University Hospital	☐
	HSE Mid-West	☐
	Other (please specify) _____	

Cont/….

4 Academic Detail

Have you attended UCD before?　　Yes ☐　　　　No ☐

If yes, please state dates:　　From ☐☐　　To ☐☐

| Month | Year | 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: _____

7 Authorisation

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

Authorising Signature: _____　　Date: _____

Authoriser (BLOCK LETTERS): _____