



TRINITY COLLEGE THE UNIVERSITY OF DUBLIN

APPLICATION FORM FOR NON-EU STUDENTS

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The application form must be completed in full and accompanied by one or more pieces of the documentation listed below as appropriate.

Please indicate documents enclosed.

1. Original or certified true copy of final second level qualifications.
2. Original or certified true copy of IELTS, Cambridge Advanced/Proficiency, TOEFL scores, for applicants whose first language is not English.
3. Original or certified true copy of academic transcripts for each year of third level study **and** of all third level qualifications awarded.
4. Original or certified true copy of SAT, AP or ACT scores (US and Canadian applicants only).
5. Certified true copy of passport.
6. Application fee and application fee payment form.

Please note

- **Incomplete applications cannot be considered. Applications that are submitted without all supporting documentation will not be considered until all documents are received.**
- **This application is for academic consideration only. The University is not responsible for visas, fees etc.**
- **The closing date for receipt of applications is 1st February. Applications received after the closing date will only be considered in the event of vacant places arising on the course(s) for which you are applying.**
- **Letters of recommendation need not be submitted with the application form, but may be requested at a later stage.**

It is the practice of the University to destroy all documents relating to unsuccessful applications to undergraduate programmes at the end of Michaelmas Term. Unsuccessful applicants who wish to receive feedback on their application are required to make a written request to the University prior to this date.

Student No. office use only

APPLICATION FORM FOR NON-EU STUDENTS*Complete this form using BLOCK CAPITAL LETTERS AND BLACK LETTERING***SECTION 1: PERSONAL DETAILS**

SURNAME															
OTHER NAME(S) (IN FULL) [†]															
TITLE: MR/MS ETC.		SEX		F	<input type="checkbox"/>	M	<input type="checkbox"/>	DATE OF BIRTH		DAY	MONTH	YEAR			
COUNTY/COUNTRY OF BIRTH								NATIONALITY							
ADDRESS FOR CORRESPONDENCE								PERMANENT HOME ADDRESS (IF DIFFERENT)							
DAY TELEPHONE NO:								EVENING TELEPHONE NO:							
FAX:								EMAIL:							

[†] Do not use initials when completing the section Other Name(s)

HAVE YOU MADE AN APPLICATION THROUGH AN AGENCY/REPRESENTATIVE?										YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, WHICH AGENCY/REPRESENTATIVE?										<input type="text"/>			
IF YOU HAVE A DISABILITY OR SPECIFIC LEARNING DIFFICULTY PLEASE TICK THIS BOX										<input type="checkbox"/>			

The College will try, as far as possible, to meet the needs of students with a disability. If you have a disability or specific learning difficulty you are invited to inform the College. More detailed information may be sought at a later date. This information will not in any way prejudice or favour your application.

SECTION 2: COURSES

List the courses for which you wish to be considered in order of preference.

ORDER OF PREF.	COURSE CODE	COURSE TITLE
1	TR	
2	TR	
3	TR	

SECTION 3: EDUCATION

3.1 SECOND LEVEL

NAME AND ADDRESS OF SECOND-LEVEL SCHOOL	FROM	TO

Have you completed your second level education? Yes No

If you have completed second level and are not currently enrolled in third level please give details, on an additional sheet, of your activities since leaving school

SECTION 3.2 SECOND LEVEL EXAMINATIONS

Give details only of the highest second level qualification attained. If you are taking examinations this year please indicate the subjects and the level you are taking.

A certified true copy of the results certificate must be included with your completed application.

NAME OF EXAMINATION BOARD/AUTHORITY	DATE OF EXAMINATION	SUBJECTS	NUMBER OF YEARS OF STUDY	LEVEL (HIGHER/LOWER/ STANDARD)	GRADE ACHIEVED (IF COMPLETED)
<p>IF YOU ARE TAKING EXAMINATIONS IN THIS ACADEMIC YEAR PLEASE INDICATE WHEN RESULTS WILL BE AVAILABLE</p>					

SECTION 3.3 THIRD LEVEL

Give details of all diploma, degree or higher degree qualifications that have been awarded.

An original or certified true copy of academic transcripts for each year of study and of qualification certificates must be included with your completed application

NAME AND ADDRESS OF INSTITUTION(S) ATTENDED	YEARS OF STUDY FROM: TO:	COURSE TITLE AND LEVEL OF AWARD	QUALIFICATION AWARDED (DIPLOMA, DEGREE, ETC.)	REASON FOR LEAVING (GRADUATED, WITHDREW, ETC.)
IF YOU ARE CURRENTLY REGISTERED AT A UNIVERSITY BUT HAVE NOT YET COMPLETED A COURSE OF STUDY PLEASE STATE WHEN YOU PROPOSE TO GRADUATE.			MONTH	YEAR

SECTION 3.4 TEST OF SCHOLASTIC ABILITY

Attach original or certified true copies of results with your completed application.

	TICK IF APPLICABLE	SCORE	MINIMUM REQUIRED FOR ENTRY IN 2006
SAT I PRE-MARCH 2005			1250 OR 1300 (DEPENDING ON COURSE SELECTED)
SAT II PRE-MARCH 2005			600 (ACHIEVED IN 2 OR MORE RELEVANT SUBJECTS)
SAT I POST-MARCH 2005			1250 OR 1300 (DEPENDING ON COURSE SELECTED) COMBINED SCORE FOR MATHEMATICS & CRITICAL READING COMPONENTS 500 IN WRITING
SAT II POST-MARCH 2005			600 (ACHIEVED IN 2 OR MORE RELEVANT SUBJECTS)
AP			3 (ACHIEVED IN 2 OR MORE RELEVANT SUBJECTS)
ACT			28 OR 29 (DEPENDING ON COURSE SELECTED)

SECTION 3.5 ENGLISH LANGUAGE QUALIFICATIONS

If English is not your first language you must provide evidence of English language competence.

Original or certified true copies of results certificates must be included with your completed application.

	SCORE	MINIMUM
TOEFL		COMPUTER BASED: 233 WITH A SCORE OF 4.5 IN ESSAY INTERNET BASED: 90 (WITH A WRITTEN SCORE OF 21) PAPER BASED: 570 (WITH A TWE SCORE OF 4.5)
IELTS (ACADEMIC VERSION)		6.5 (NO INDIVIDUAL BAND BELOW 6)
CAMBRIDGE ADVANCED		A
CAMBRIDGE PROFICIENCY		C
OTHER (PLEASE STATE)		

CERTIFICATION

I certify that the information given in this application is complete and accurate to the best of my knowledge and understand that any misrepresentation may render my application void. I understand that this application and supporting documents become the confidential property of Trinity College and will not be released to another party.¹

APPLICANT'S SIGNATURE:

DATE:

***This application is an expression of interest in the undergraduate course(s) for which you have applied.
It does not constitute a contract between the applicant and the University.***

¹ Information supplied on this form will be used for compiling general statistical reports and will not identify any individual applicant.

Completed application forms should be returned by:

1st February of the intended year of entry for Medicine, Dental science and all restricted entry courses,
1st June of the intended year of entry for all other courses.

For all full-time undergraduate courses EXCEPT Medicine
and Dental science, applications should be returned to:

The Office of International Student Affairs, East Theatre
Trinity College, Dublin 2

Tel: + 353 1 896 3150 / 2683 / 2011

Email: isa.office@tcd.ie

For Medicine and Dental science,
applications should be returned to:

The Admissions Office, West Theatre
Trinity College, Dublin 2

Telephone: + 353 1 896 1532

Email: admissions@tcd.ie

Website: www.tcd.ie

PLEASE NOTE THAT INCOMPLETE APPLICATION FORMS CANNOT BE ASSESSED
AND WILL BE RETURNED FOR COMPLETION PRIOR TO THEIR CONSIDERATION