

Trinity College Dublin

Language Waiver Application Form (School Record Form)

Please complete all sections below.

APPLICANT'S SURNAME -----

APPLICANT'S FIRST NAME (S) -----

APPLICANT'S ADDRESS -----

APPLICANT'S DATE OF BIRTH **DD MM YYYY**

APPLICANT'S CAO NO. (if known) -----

Telephone Number (daytime)-----

ATTENDANCE AT POST-PRIMARY SCHOOL

(Name(s) of School (s) Attended:

Years of Attendance

	From:	To:
	From:	To:
	From:	To:

Number of years, if any, applicant studied a language at Post-Primary School.....

- Most recent school examination..... Grade obtained.....
- Did applicant present for examination in a language at Junior Certificate examination?.....
- If yes, please state grade obtained:-----

Leaving Certificate Subjects(NB At least six subjects must be presented to satisfy entry requirements).

1.	5
2.	6
3	7
4	8

SIGNATURE OF PRINCIPAL (CURRENT SCHOOL)-----

NAME and ADDRESS of SCHOOL:-----

DATE:.....SCHOOL TELEPHONE NO.....

Note: Applicants to Trinity College Dublin are required to present a qualification in **one** language other than English. Therefore students should only apply for a language waiver if they are not taking any languages in their Leaving Certificate examination.