



TRINITY
COLLEGE
DUBLIN

THE UNIVERSITY OF DUBLIN
COLÁISTE NA TRÍONÓIDE



TRINITY COLLEGE DUBLIN

ADVANCED ENTRY APPLICATION FORM

www.tcd.ie

ADVANCED ENTRY APPLICATION FORM

Suitably qualified applicants may be admitted to the second or third year of a full-time undergraduate degree course. Advanced entry may not be granted to the final year of an undergraduate degree course.

Further particulars of admission requirements for advanced entry applicants may be found at:
www.tcd.ie/Admissions/undergraduate/apply/transferred/from-third-level/

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. Certified true copy* of final second-level qualifications.
2. Certified true copy* of IELTS, Cambridge Advanced/Proficiency, TOEFL, or Pearson scores for applicants whose first language is not English.
3. Certified true copy* of academic transcripts for each year of third-level study **and** of all third-level qualifications awarded.
4. Two academic references (**only required from applicants to Medicine or Dental Science**).
5. Application fee and application fee payment form.
6. A photocopy of this application form for each course for which you wish to apply.

** A certified true copy is a photocopy of the original that has been signed and stamped by a member of an Garda Síochána, a school principal or other official.*

Please note that incomplete applications cannot be considered.

An application submitted without the necessary documentation will be returned.

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

ADVANCED ENTRY APPLICATION FORM

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)

PERSONAL PUBLIC SERVICE NUMBER (PPS NO.)								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HAVE YOU STUDIED AT TRINITY COLLEGE BEFORE?										YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
IF YES, PLEASE GIVE YOUR STUDENT NUMBER								<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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	PROPOSED YEAR OF ENTRY 2ND OR 3RD YEAR
1	TR		
2	TR		
3	TR		

Applicants may be offered a place at a level other than that for which they have applied.

SECTION 3: EDUCATION

3.1 SECOND LEVEL

School Code of last second level school attended (for applicants who attended school in Ireland only). See Leaving Certificate/A Level statement of results or contact school.

NAME AND ADDRESS OF SECOND-LEVEL SCHOOL	FROM	TO

SECTION 3.2 SECOND LEVEL EXAMINATIONS

Give details only of the highest second level qualification attained.

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 (LEAVING CERTIFICATE HIGHER/ORDINARY) (GCSE/A LEVEL ETC.)	GRADE ACHIEVED

SECTION 3.3 THIRD LEVEL

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

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

NAME AND ADDRESS OF INSTITUTION(S) ATTENDED	YEARS OF STUDY FROM: TO:	COURSE TITLE	LEVEL OF AWARD (DIPLOMA, ORDINARY DEGREE, ETC.)	REASON FOR LEAVING (COMPLETED COURSE, WITHDREW, ETC.)

SECTION 3.4 CURRENT STUDIES

Give details of any diploma, degree or higher degree courses you are currently attending but have not yet completed.

A certified true copy of academic transcripts for each year of study to date must be included with your completed application.

NAME AND ADDRESS OF INSTITUTION ATTENDED	YEAR STUDY COMMENCED AND DATE OF COMPLETION	COURSE TITLE AND LEVEL OF AWARD	NUMBER AND TITLE OF ASSIGNMENTS COMPLETED	AVERAGE RESULT

SECTION 5: EMPLOYMENT (if applicable)

5.1 WORK EXPERIENCE (if applicable)

Give details in **chronological order** of **relevant** work experience.

	In the space below outline your responsibilities, the skills you used and/or experience you gained while working in each position listed.
1. JOB TITLE	
NAME AND ADDRESS OF COMPANY/ORGANISATION	
DATES: FROM - TO	
2. JOB TITLE	
NAME AND ADDRESS OF COMPANY/ORGANISATION	
DATES: FROM - TO	
3. TITLE	
NAME AND ADDRESS OF COMPANY/ORGANISATION	
DATES: FROM - TO	

5.2 VOLUNTARY WORK (if applicable)

Give details in **chronological order** of any voluntary (**unpaid**) work you have carried out

	In the space below outline your involvement and how you benefited from your experience.
1. TITLE	
NAME AND ADDRESS OF COMPANY/ORGANISATION	
DATES: FROM - TO	
2. TITLE	
NAME AND ADDRESS OF COMPANY/ORGANISATION	
DATES: FROM - TO	
3. TITLE	
NAME AND ADDRESS OF COMPANY/ORGANISATION	
DATES: FROM - TO	

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. Late applications for courses other than Medicine,
Dental science and Social studies will be accepted until 1st June, these applicants will be
considered for any vacancies that may arise.

The Admissions Office, Regent House
Trinity College, Dublin 2

Telephone: 00 353 (0)1 896 4444

Fax: 00 353 (0)1 872 2853

Email: admissions@tcd.ie

Website: www.tcd.ie/Admissions/undergraduate/

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