

APPLICATION FORM FOR NON-EU STUDENTS

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

Pl	ease 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, or Pearson 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.	
7.	Two letters of recommendation (including one academic reference).	
PI	ease note	
•	Incomplete applications cannot be considered. Applications that are sub supporting documentation will not be considered until all documents are	
•	This application is for academic consideration only. The University is not fees etc.	t responsible for visas,
•	The closing date for receipt of applications to Medicine, Dental science and is 1st February. The closing date for all other courses is 1st June. However, it early decision, you are advised to submit a complete application before 1st to Medicine or Dental science will not be accepted. Applications received a will only be considered in the event of vacant places arising on the course applying.	f you wish to receive an February. Late applications fter the closing date

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.

CTD	CTIV	CON	CIDER	ITIAI
SIRI	CTLY	CON	LIDEI	VIIAL

Application for admission in September 20

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 NA	ME(S) (IN F	FULL)†																	
TITLE: MR/MS ETC. SEX F M						DATE OF BIRTH DAY MONTH YEAR													
COUNTY/C	COUNTRY OF	F BIRTH								NATIO	NALITY	,							
ADDRESS FOR CORRESPONDENCE						PERM	ANENT	НОМІ	E ADDF	RESS (I	F DIFF	ERENT)						
DAY TELER	PHONE NO:									EVENI	ng tel	_EPHO	NE NO	:					
FAX:										EMAIL	:								
† Do not use	initials when	completing	g the sed	ction Oth	er Nam	ne(s)													
HAVE YOU	HAVE YOU MADE AN APPLICATION THROUGH AN AGENCY/REPRESENTA				ENTAT	IVE?			YES	6		NO							
IF YES, WHICH AGENCY/REPRESENTATIVE?																			
IF YOU HA	IF YOU HAVE A DISABILITY OR SPECIFIC LEARNING DIFFICULTY PLEASI				EASE ⁻	TICK THIS BOX													
specific	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.						r												
							SEC	TIO	N 2	: COI	JRSI	S							
	List the courses for which you wish to be considered in order of preference. If you are applying for a two-subject moderatorship combination under course title you must enter both subjects on the same line .																		
ORDER COURSE COURSE OF PREF. CODE TITLE																			
1	TR																		
2	TR																		
3	3 TR																		

SECTION 3: EDUCATION

3.1 SECOND LEVEL (HIGH SCHOOL)

NAME AND ADDRESS OF SECOND-LEVEL SCHOOL	FROM	то		
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,				

SECTION 3.2 SECOND LEVEL EXAMINATIONS

on an additional sheet, of your activities since leaving school

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)
IF YOU ARE TAKING EXA	AMINATIONS IN THI	S ACADEMIC YEAR PLEASE INDICATE W	HEN RESULTS		

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 REGIS	STERED AT A U	JNIVERSITY BUT HAVE NOT YET COMPLETED	MONTH	YEAR
A COURSE OF STUDY PLEASE	YOU PROPOSE TO GRADUATE.			

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
SAT I POST-MARCH 2005			1250 OR 1300 (DEPENDING ON COURSE SELECTED) COMBINED SCORE ON ANY TWO OF THE MATHEMATICS, CRITICAL READING OR WRITING COMPONENTS, WITH NO SECTION LESS THAN 500
SAT II POST-MARCH 2005			600 (ACHIEVED IN 2 OR MORE RELEVANT SUBJECTS)
АР			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		PAPER-BASED: 570 (WITH A TWE SCORE OF 4.5) COMPUTER-BASED: 233 (WITH A SCORE OF 4.5 IN ESSAY) INTERNET-BASED: 90 (WITH A WRITTEN SCORE OF 21)
CAMBRIDGE PROFICIENCY		GRADE C
CAMBRIDGE ADVANCED		GRADE A
IELTS (ACADEMIC VERSION)		6.5 (NO INDIVIDUAL BAND BELOW 6.5 FOR APPLICATIONS TO MEDICINE OR DENTAL SCIENCE, OR NO INDIVIDUAL BAND BELOW 6 FOR ALL OTHER COURSES)
PEARSON TEST OF ENGLISH (ACADEMIC)		PTE ACADEMIC: A MINIMUM SCORE OF 63 (WITH NO SECTION SCORE BELOW 59)

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:	DATI

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.

Please include any additional information in support of your application below.

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 International Office, East Theatre Trinity College, Dublin 2

> Tel: + 353 1 896 3150 Email: international@tcd.ie

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

The Admissions Office, Regent House
Trinity College, Dublin 2

Telephone: + 353 I 896 4444 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