

**UNIVERSITY OF DUBLIN
TRINITY COLLEGE**

APPLICATION FOR RE-ADMISSION IN OCTOBER 20_____

FILL IN FORM COMPLETELY USING BLOCK LETTERS AND BLACK LETTERING

Surname:

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Other names:

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Title:

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Date of Birth:

Day	Month	Year

Address for correspondence:

Permanent Home Address:

Tel No: _____

Tel No: _____

Student Number: _____

Name of tutor: _____

Email address: _____

Course choices in order of preference, please state year you wish to enter i.e. JF/SF/JS/SS.

1. _____ 2. _____

Details of previous college career:

Reasons for going off the books:

If readmitted I promise to uphold the honour and dignity of the college:

Applicant's Signature: _____ **Date:** _____

1. Applicants whose college courses were interrupted by ill-health will be required to produce a satisfactory certificate from a medical referee nominated by the Admissions Office. This takes the form of a confidential statement sent directly from the medical referee to the Admissions Office.
2. Full particulars of relevant activities since you were on the college books should be given on a separate sheet

OFFICE USE ONLY

Result: _____

Tutor: _____ Notified: _____