



Application for Griffith College Dublin

Student Information

First Name / Given Name _____

Surname / Family Name _____

Date of Birth (DD/MM/YYYY) _____

Email _____

Country of Residence _____

Phone _____

Address _____

Postcode _____

What is your nationality? _____

What type of programme are you applying for?

☐ Semester Abroad Undergraduate

☐ Semester Abroad Postgraduate

☐ Academic Gap Year

☐ Undergraduate

☐ Postgraduate

☐ English Language

☐ Foundation Programme

☐ Professional

Full Degree ONLY

What course would you like to apply for: _____

Select a programme (*Semester Abroad ONLY*)

- ☐ Study Abroad - 1 semester
- ☐ Study Abroad - 2 semesters
- ☐ Gap Programme - 1 semester
- ☐ Gap Programme - 2 semesters

Select a Faculty (*Study Abroad and Academic Gap Year ONLY*)

From which faculty(s) would you like to choose your modules from (min. 1, max. 2)

- ☐ Business
- ☐ Graduate Business School
- ☐ Computing
- ☐ Creative Arts and Screen Media
- ☐ Design
- ☐ Journalism and Media Communications
- ☐ Law
- ☐ Music and Multimedia

Choose a Campus

- ☐ Dublin Main Campus
- ☐ Cork
- ☐ Dublin City Centre (Full Degree only)
- ☐ Limerick (Full Degree only)

When do you want to start (YY)?

- ☐ Autumn 20 ____ ☐ Spring 20 ____

Do you have a disability/specific learning difficulty?

- ☐ Yes ☐ No

If you have a specific learning difficulty, please include all relevant details with your application documents when you are submitting your application (including medical documentation if applicable).

How much flexibility do you have in your choice of modules?

- ☐ Open/Flexible across MULTIPLE faculties
- ☐ Open/Flexible within ONE faculty only
- ☐ Restricted to PRE-AGREED modules ONLY

Please add any additional details that you think may be relevant to your application.

Terms & Conditions

I understand that the College reserves the right to refuse admission to any of its courses of study at its absolute discretion.

I understand that the College reserves the right to make all appropriate enquiries of any applicant and of any student who has been admitted.

I understand that if an applicant or student fails to disclose any information that in the view of the College could affect the health and safety of others, the College reserves the right to refuse admission or to require the student to withdraw from a course of study, as the case may be.

☐ I agree to the Terms & Conditions.

Please tick this box if you agree to Griffith College contacting you with useful information such as open events and courses that may be of interest to you via the email address provided ([Privacy Policy](#)).

☐ I agree.

Declaration

☐ I certify that all the information I am providing in the application is true to the best of my knowledge. I verify all is true and correct.

☐ I hereby permit College Contact to submit the information which I have provided on this form to Griffith College Dublin via an electronic online application portal created and maintained by Griffith College Dublin.

Date _____ Student Signature _____