R26H



First name:

Permanent Address: _

Application for registration as a

Visiting Research Postgraduate Student on a structured multi-institutional research or DRHEA programme

Application is made by:

 Completing the attached form Attaching 1 passport-sized photograph Including appropriate signatures 		One Passport Photo
Please indicate with a ✓ the category under whi	ch you are applying:	
 Attending an accredited module(s) as part of the 	DRHEA (Dublin Region Higher Edu	cation Alliance)
 Attending an accredited module(s) as part of a m 	ulti-institutional postgraduate researc	h programme
that is underpinned by a specific institutional coll	aborative agreement	
 Attending as a visiting research student as part of 	an International Consortium Agreen	nent \square
 Access to the computer network, Moodle, Library Entitlement to apply for student membership of the Insurance as a DCU student Student ID card PLEASE COMPLETE IN BLOCK CAPITALS Your details: 	•	Centre
First name:	Surname:	
Permanent address:	Temporary address:	
Home telephone:	Mobile number:	
Email address:	Date of birth:	
Country of Birth:	Nationality:	
EU / non-EU:	Home institution:	
Next of kin details (to be contacted in case of emer	gency):	

Surname:

Telephone:	Relationship to you:		
Details of your progr	ramme & module(s) you are att	tending DCU to undertake*:	
Name of structured p	programme / DRHEA disciplin	ary strand / International Cor	nsortium Agreement:
DCU Faculty or rese	arch centre, as applicable:		
DCU module code:	DCU module title:		Semester:
1			
<u>3.</u>			
<u>4.</u>			
<u>6.</u>			
<u>DI</u> <u>Registration duratio</u>	students may only register for RHEA / structured programme n & attendance type: te: / /		
Dlagge indicate with	a ✓ your attendance type:	Attendance only	П
r lease indicate with	a v your attendance type.	Attendance & assessment	
	have this form signed by their lastitutional agreement governin		
Signed:Appli	cant	Date:	
Signed:Super	visor in Home Institution	Print Name:	
	Programme / Module Coordinate		

STUDENT DECLARATION

I certify that the information gi	iven in this application i	is correct and I hereby	undertake, if admitted as	a student
member of Dublin City Univer	sity, to observe and cor	nply with all regulation	is of the University.	

Signature of Applicant:		Date:	
Data Protection Notice Personal information that you submit to Regist with the DCU Data Protection Policy which ca http://www4.dcu.ie/sites/default/files/iss/pdfs/IThe University shall only process such information of the University in order to support services to departments, statutory bodies and funding ager services. In order to ensure our records are condetails should change please let us know so that PLEASE SUBMIT THE COMI	In be viewed at the for DCU Data Protection ation in line with the or service you require you. In addition, pencies where this is retrect we urge you to a at we can update our	ollowing website address: on Policy.pdf purpose for which you provide it and to re. The personal data may be disclosed ersonal data may be disclosed to govern equired under legislation or for the provious answer all relevant questions accurately records.	o the extent to staff and agents ment ision of . If your personal
University Use Only:			
Identification Checked & Copy Retained:	Yes:		
ID Number:	Date:	//	
Dublin City University is not responsible and at any time by giving such notice as may be o		•	_