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International Application Form UG Programmes 2026

ADMISSIONS OFFICE NOTES – DO NOT WRITE IN THIS BOX

Instructions for completing application form:

1. Save this document to your computer
2. Complete the form by typing into the spaces provided and then resave the document
3. Print the completed form, attach your photograph, **sign** and scan to your computer
4. Email the scanned version with supporting documents to the Admissions Officer;
joan.markham@universityofgalway.ie

Which programme are you applying for?

	Bachelor of Business Studies in International Hotel Management (BBS)
	Bachelor of Commerce in International Hotel Management (BComm)
	International Business Foundation Programme + BBS in International Hotel Management
	International Business Foundation Programme + BComm in International Hotel Management
	International Business Foundation Programme

Personal Details

Family Name:		Nationality:	
First Name:		Country of Residence:	
		Country of Birth:	
Gender:		Date of Birth (dd/mm/yyyy):	

Address:	
Telephone Number:	
Email Address:	
Cell Phone:	
WeChat ID:	

Agent Details (if applicable)

Name of Agency:		Contact Person:	
Agency Address:			
Telephone Number:		Email Address:	

High School Education:

Please enter the name & address of the schools you have attended since the commencement of your high school education, and complete your final exam details:

From – To:	Name and Address of School(s):

Name of Final High School Exam:		Year Completed:	
Subjects:	Result:	Subjects:	Result:

After High School:

If you graduated from high school in 2025 or before, please indicate what you have been doing since then (e.g. studying English, working, enrolled in college/university)

Language Skills:

Languages	Level: (place 'X' under the level that applies to you)			
	Native	Fluent	Good	Basic

Have you completed a formal English Language Test? (yes/no)	
Name of Exam (e.g. IELTS, TOEFL):	
Exam Date:	Exam Result:

Experience and Extra Curricular Activities:

If you have spent *TIME ABROAD*, please provide details below:

Dates:	Country:	Type of Activity:

If you have any *WORK EXPERIENCE*, please provide details below:

Dates:	Name and Location of Employer :	Nature of Duties:

Please provide details below of your hobbies, memberships of clubs/societies, and other activities you think are relevant to your application:

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Other Information:

Where did you first hear about Shannon College? Place 'x' in the relevant box					
Agent:	☐	Internet:	☐	Family/Friend:	☐
Shannon College Student:	☐	School:	☐	Other: (give details below)	☐
Shannon College Graduate:	☐	Education Fair:	☐		

Medical:

Do you have any medical condition which would restrict you from taking part in practical training or operational internships?

No:	☐	Yes:	☐
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If yes, please provide details:

Submission Agreement:

I hereby agree to accept and abide by the rules and regulations of the Shannon College of Hotel Management, a College of the University of Galway.

I understand that course conditions and programmes can be changed without prior notice.

I certify that all information and documentation given and submitted by me is correct and that no relevant information has been withheld.

I agree that in the event of information being falsified, places awarded by the college may be withdrawn.

Signature of Applicant: _____ Date: _____