



Non EU Application Form 2018						
ADMISSIONS OFFICE NOTES	– DO NOT WRITE IN THIS BOX					
Instructions for comple	ting application form:					
1. Save this document to y					Attach	
	ping into the spaces provided and			τ	passport	
	n, attach your photograph, sign a on with supporting documents to				photo here	
joan.markham@nuigalw		CIC AUTHOSIU	is Officer,		prioto fiere	
Which programme are	you applying for?					
Pachalor of Pu	usiness Studies in International Ho	stal Managan	ont			
	ommerce in International Hotel M		lent			
	Business Foundation Programme					
	International Business Foundation Programme +BComm Study Abroad Programme					
,	July Abroau Frogramme					
<b>Personal Details</b>						
F 11 N1		A1 12 121				
Family Name:	Nationality:					
First Name(s):	Country of Right					
Gender (male or female):		Country of Birth:  Date of Birth (dd/mm/yyyy):				
Gender (male of Temale).		Date of Birt	i (du/iiiii/yy)	/y)·		
Student Home Address:						
Telephone Number:	Cell Phone:					
Email Address:		WeChat				
			ID:			
Agent Details (if applica	able)					
Name of Agency:		Cont	act Person:			
Agency Address:		55110				
3 ,						
Telephone Number:	Emai	l 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 – 1	То:	Nam	ne and Address	s of Scho	ol(s):					
Name of Fir	nal High	Schoo	ol Fxam:					Year Comple	eted:	
1101116 01 1 11	141 111611	30.10	J. Exam.					rear compre		
Subjects:			Result: Subjects:				Result:			
After High										
			gh school in 2( g, enrolled in c			e indicate wh	at you ha	ve been doin <sub></sub>	g since	then (e.g.
	ci ili.									
anguage S	SKIIIS:									
			Level: (place '				1			
Languages			Native	Fluent		(	Good		Basic	
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			rmal English L	anguage	restr (yes)	7110)				
Name of Ex Exam Date:		. IELIS	s, IUEFL):			Exam Re	cult:			
exam Date:						Exam Re	Suit:			
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-	-		ROAD, please	-	details beit	ow:				
Dates:	Coun	try:	Type of Ac	ctivity:						
ivou have a	ny WO	OK EVE	<i>PERIENCE,</i> plea	se provi	da dataile h	alow:				
Dates:					de detalls b		Duties			
Dates.	Ivallie	Name and Location of Employer : Nature of Duties:								
			ow of your hol	obies, me	emberships	of clubs/soci	eties, and	other activiti	ies you	u think
re relevant	to your	applic	cation:							

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Otho	r Into	rmation:
OHIE		ıı ıııatıvıı.

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:					

Shannon College Student:	School:		Other: (give details below)				
Shannon College Graduate:	Education Fai	ir:					
Medical:  Do you have any medical cond operational internships?  If yes, please provide details:	ition which would restri	ct you from Yes:	taking part in practical training or				
Submission Agreement:  I hereby agree to accept and abide by the rules and regulations of the Shannon College of Hotel Management, a College of NUI Galway.  I understand that course conditions and programmes can be changed without prior notice.  I certify that all information and documentation give 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:				
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Interview:  IELTS:							
High School Results:							