

DONEGAN COURT

New Road, Galway.



(086) 1083644 / (087) 2258505

PLEASE ATTACH
A PASSPORT
SIZED
PHOTOGRAPH

Application Form (Please Print)

Student ID No: Not Applicable D.O.B: _____
Surname: _____ First Name: _____
Home Address: _____ Home Tel No: _____
_____ Mobile: _____
_____ Email: _____
Home University: _____ Nationality: _____

Male [] Female []

Study Details:

Academic Year: _____ Selected Course: _____

Entry Year of Study: 1st [] 2nd [] 3rd [] 4th [] 5th []

Room Type: Single [] Twin [] Twin En-Suite []
 (Private with single bed) (Sharing) (Sharing with private bathroom)

 Double [] Double En-Suite []
 (Private with double bed) (Private with double bed and private bathroom)

ARE YOU A SMOKER: _____

Please specify if you are staying for one semester or the entire college year: _____

Name & Address of Guarantor: (TO BE COMPLETED BY GUARANTOR)

Full Name: _____

Full Address: _____

Guarantor's Signature: _____

Date: _____

Please note keys will not be issued until lease agreement is signed by both student and agent.