

Registration Form

**Galway
Business
School**

GCI House, Salthill, Galway, Ireland
Tel: +353 91 863 100
Fax: +353 91 863 111
E-mail: info@galwaybusinessschool.ie
Web: <https://www.galwaybusinessschool.ie/>

Please Complete in CAPITALS

Surname	_____	First Name	_____
Home Address	_____		
City	_____	Country/Postal Code	_____
Tel:	_____	Mobile:	_____
E-mail	_____	Fax No.	_____
Nationality	_____	Native Language	_____
Date of Birth	day month year	Male <input type="radio"/> Female <input type="radio"/>	Occupation _____
Where did you hear about our school? _____			

STAPLE PASSPORT SIZE PHOTOGRAPH HERE
[Photo]

Do you have legal entitlement to remain in the country to complete the proposed course of study without the requirement of a study visa? Yes No

Courses Applying For:

Please list the direct courses for which you wish to be considered in order of preference. (consult the college prospectus).

Course Title	Full-time	Part-time
1. _____	<input type="radio"/>	<input type="radio"/>
2. _____	<input type="radio"/>	<input type="radio"/>
3. _____	<input type="radio"/>	<input type="radio"/>

Have you applied for a college place this year through the CAO system? Yes No If yes, please give your CAO number _____

Second Level Education

Please supply a certified copy of your Leaving Certificate or equivalent Exam results.

School Name _____ Year Leaving Certificate exams taken _____

Transfer Students

Name of Third Level College: _____ Name of _____ Course: _____

Title of Course: _____ Awarding _____ Body: _____

Please indicate the number of years you attended this institute: _____ Date of Final Examinations: _____

Current Employment Details: for part time applicants:

Company Name _____ Contact Name: _____

Company Address _____

Telephone Number _____

Exemptions, please supply supporting documentation

If you have already completed a course which contained modules similar to the programme you wish to undertake in Galway Business School, you may be entitled to exemptions. Do you wish to be considered for exemptions? Yes No

International Students:

Is English your first language? Yes No

If not, please indicate any internationally recognised English language test you have taken and the score(s) obtained.

Course Title _____ Exam Date _____ Score _____

Course Title _____ Exam Date _____ Score _____

Course Title _____ Exam date _____ Score _____

Statement of Purpose

Please write a short essay (minimum 500 words) about yourself on a separate sheet and include with your application. Please write clearly and accurately. Your statement of purpose should include the following.

1. The reasons why you have chosen to study at Galway Business School.
2. The reasons for your choice of course
3. Why you wish to study in Ireland
4. Any relevant work or professional experience that you have acquired that will be beneficial to your studies
5. Your future career plans

Disability / Specific Learning Difficulty

Although you are not obliged to do so, anyone with a disability or specific learning difficulty is encouraged to indicate this on their application form. The sole purpose of this procedure is to consider any specific support needs you may have. Disclosure will not adversely affect your application or your legal rights in any way.

Booking and Payment Details

I wish to proceed with: Course deposit €700 Full Fees Amount € _____

Unless otherwise stated, we will deduct full fees from your credit card

Paid by: Transfermate Credit card

Payment by credit card is subject to an additional 2.5% charge of the total fee due.

Transfermate details:

Account name: <https://galwaybusinessschool.transfermateeducation.com/>

Next Step: Choose your country & select your course

Enter the total amount to pay in €Euro and select the payment method

- Full settlement of the account should be made 28 days in advance
- Please email us a copy of our bank transfer and please quote your student reference number and name on all correspondence.
- All bank charges are the responsibility of the student.
- Where applicable, please fax us a copy of Bank transfer.

Visa Master Card

Please debit my account with Visa / Mastercard:

Security code: Expiry Date _____ | _____ | _____
day month year

I have read and I accept the terms and conditions of registration at Galway Business School yes no

I hereby declare that the above particulars are true and correct. By signing the form, I undertake to comply with all Terms and Conditions of Galway Business School. I also accept that Galway Business School reserves the right to change any of the details given in any course brochure and that the course commencement is dependent on student demand. The course fees will not be refunded, as it is the school policy not to refund fees irrespective of the circumstances.

International Students only: I understand that if English is not my native language I will be required to sit an English Language examination, on a date to be decided by GBS, prior to entry onto my chosen programme. I understand that if my English language level is not of a sufficient standard for entry onto my chosen programme, I will be redirected to an English language or Foundation course at GBS / GCI. I understand that the charges for these classes are separate from the original course fee. I understand that course fees are non-refundable except in the case of a visa refusal on appeal, in which circumstances the fees will be refunded less the administration fee.

Date _____ | _____ | _____
day month year

Signature: _____