



## Visiting Student Set-up Form

Please complete in BLOCK LETTERS and return to Supervisor/Head of School for authorisation.

Previous UCD Student Number (if known):

### 1 Personal Details

**Surname:**

(as on Birth Certificate/Passport)

**First Name(s):**

(as on Birth Certificate/Passport)

**Have you ever attended UCD before?**

Yes

No

**If you have not attended UCD previously you must attach a copy of your Birth Certificate/Passport personal page(s). Previous UCD students, have you entered your number above?**

**Date of Birth**

Day

Month

Year

**Gender**

Female

Male

Please tick appropriate box

**Nationality**

**Country of Birth**

### 2 Contact Details

**Permanent Address:**

  
  
  

**Permanent Phone:**

**Mobile Phone:**

**E-Mail Address:**

Please print clearly

### 3 Attendance Details

**Start Date:**

\_\_\_\_\_

**End Date:**

\_\_\_\_\_

**School/Unit:**

**Funding Body/Scholarship Details (If any):**

  
  

### 4 Declaration and Authorisation

I certify that the information on this form is correct and complete. In the event of being accepted and registering in UCD I undertake to obey the Rules, Policies and Regulations of the University (see Student Guide for full details). I authorise UCD to supply any relevant information to the Department of Education & Science, the HEA and any Grant Awarding Authority to enable the collection of fees and, where relevant, maintenance on my behalf. I also authorise UCD to supply any relevant personal information to third party computer systems on my behalf, where needed to provide me with access to electronic library resources.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return to Supervisor/Head of School for authorisation.**

**To be completed by UCD Supervisor/Head of School:**

Authorising Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authoriser (BLOCK LETTERS): \_\_\_\_\_