



Waterford Institute of Technology  
INSTITIÚID TEICNEOLAÍOCHTA PHORT LÁIRGE

## Direct Entry Application Form

### Bachelor of Engineering (Hons) in Sustainable Energy Engineering

Course Code: WD171 / WD\_CSUEN\_B

*(Please complete the form in BLOCK capital)*

#### SECTION 1: CAO NUMBER

If you have applied to the Central Applications office,  
please quote your CAO application number:

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#### SECTION 2: PERSONAL DETAILS

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

PPS Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender (M/F): \_\_\_\_\_

Nationality: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

#### Please Note

- Application for this course is in addition to the CAO application process and will not affect your choices or offers under the CAO process
- This new degree will be offered from September 2010 by direct application to Waterford Institute of Technology. From 2011, application will be made through the CAO application process
- Applicants whose first language is not English must demonstrate proficiency in written and spoken English, attaching relevant documentation to the application. For science and engineering undergraduate courses, a minimum score of TOEFL 527 paper based (197 computer based and 71 internet based) OR 5.5 IELTS (minimum of 5.0 in each band) is required.

### SECTION 3: SECOND-LEVEL EDUCATIONAL RECORD

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

Republic of Ireland Examination Details:

If sitting **2010 Leaving Certificate**, please quote exam number: \_\_\_\_\_

**An applicant presenting Leaving Certificate results pre-2010 must submit a certified copy of the result. It will not be possible to process an application, if this document is not included with the application.**

### SECTION 4: FURTHER EDUCATION

Please provide details of all FETAC Level 5/6 or any further education qualifications (*if applicable*).

Further Education Provider: \_\_\_\_\_

Full title of course: \_\_\_\_\_

**Results:**

(If **completed pre-2010**, please state your result and provide official exam transcripts with the application. If **completed in 2010**, please state when \_\_\_\_\_ official result transcripts will be available and forward as soon as possible)

Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

**Note:** Details of additional further education qualifications can be attached to the application in the form of a curriculum vitae.

### SECTION 5 PREVIOUS THIRD-LEVEL EDUCATION (Higher Education)

Please provide details of all HETAC Level 6 -10 third-level qualifications (*if applicable*).

Student ID number: \_\_\_\_\_

Third-Level Provider: \_\_\_\_\_

Full title of course: \_\_\_\_\_

**Results:**

(If **completed pre-2010**, please state your result and provide official exam transcripts with the application. If **completed in 2010**, please state when \_\_\_\_\_ official result transcripts will be available and forward as soon as possible)

Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

**SECTION 6 RELEVANT WORK EXPERIENCE**

Applicable to Mature Student Applications only

**Name of Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Position held by applicant:** \_\_\_\_\_

**Dates of Employment:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Please give name and position of referee:** \_\_\_\_\_

*(The referee will not be contacted without your consent)*

**Please provide a brief description of the role and how it relates to this course:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** Details of additional work experience and referees can be attached to the application in the form of a curriculum vitae.

**SECTION 7: DISABILITY**

If you have a learning disability (example dyslexia) or a physical disability / significant health problem which includes mental health difficulties, please give details below. Please attach a medical assessment and/or psychological assessment (for learning difficulties) obtained within the last three years.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 8: LANGUAGE

Is English your first language? Yes \_\_\_\_\_ No \_\_\_\_\_

*If no, please complete the rest of this section*

Please state your first language: \_\_\_\_\_

Please state whether you have taken TOEFL or IELTS: \_\_\_\_\_

TOEFL / IELTS scores:

Overall Score \_\_\_\_\_

Computer Score \_\_\_\_\_

Written score \_\_\_\_\_

**NOTE:** A certificate of proficiency in English must be provided with an application. It will not be possible to process an application if this document is not included.

## SECTION 9: SIGN & DATE

**Note:** All application forms must be signed and dated by the applicant.

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

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### RETURNING APPLICATION FORMS

Completed application forms should be submitted immediately to:

The Admissions Office  
Waterford Institute of Technology  
Waterford

### FOR ADMISSIONS ENQUIRIES

Contact: Kate Hearne  
Email: khearne@wit.ie  
Telephone: +353 51 845692  
Fax: +353 51 378792