



## Shannon College Study Abroad Programmes Application Form 2023

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### Instructions for completing application form:

1. Save this document to your computer
2. Complete the form by typing into the spaces provided and then resave the document
3. Print the completed form, attach your photograph, **sign** and scan to your computer
4. Email the scanned version with supporting documents to the Admissions Officer;  
[joan.markham@universityofgalway.ie](mailto:joan.markham@universityofgalway.ie)

### Which programme are you applying for?

	Semester 1 Study Abroad Programme: September – December 2023
	Semester 2 Study Abroad Programme: January – May 2024
	Full Year Study Abroad Programme: September 2023 – May 2024

### Personal Details

Family Name:		Nationality:	
First Name(s):		Country of Residence:	
		Country of Birth:	
Gender:		Date of Birth (dd/mm/yyyy):	

Student Home Address:			
Telephone Number:		Cell Phone:	
Email Address:		WeChat ID: <i>if applicable</i>	

### Home University/College Details:

Name of University/College		Contact Name in Study Abroad Office/International office :	
Telephone Number for University contact :		Email Address for University Contact	
Current programme of study			
Current Year of Study			

### 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 – To:	Name and Address of School(s):

Name of Final High School Exam:		Year Completed:	
Subjects:	Result:	Subjects:	Result:

**Language Skills:**

Languages	Level: (place 'X' under the level that applies to you)			
	Native	Fluent	Good	Basic

Have you completed a formal English Language Test? (yes/no)	
Name of Exam (e.g. IELTS, TOEFL):	
Exam Date:	Exam Result:

**Experience and Extra Curricular Activities:**

If you have spent *TIME ABROAD*, please provide details below:

Dates:	Country:	Type of Activity:

If you have any *WORK EXPERIENCE*, please provide details below:

Dates:	Name and Location of Employer :	Nature of Duties:

**Other Information:**

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:	

**Medical:**

Do you have any medical condition which would restrict you from taking part in practical training or operational internships?

No:		Yes:	
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If yes, please provide details:

**Please list in order of preference your top 10 choice of modules on the Shannon College Study Abroad Programme.**

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

*All available modules are listed on the attached document. Please note that all modules are subject to numbers, some modules may clash due to timetabling restrictions, in this case we will do our best to create the best possible programme for you, with consultation with you.*

**Submission Agreement:**

I hereby agree to accept and abide by the rules and regulations of the Shannon College of Hotel Management, a College of The University of Galway.

I understand that course conditions and programmes can be changed without prior notice.

I certify that all information and documentation given 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: \_\_\_\_\_