

Final Course Acceptance Form - SA1

Undergraduate Course in EU Member States (excluding Ireland)

1. This form should be completed after you have made your final acceptance of a place on an approved full-time undergraduate course in an EU Member State (excluding Ireland) and have applied for a student grant for 2011/12. The completed form should be returned to the local authority/VEC office where you have made your student grant application.
2. You must complete Parts 1, 2 and 4 of this form and upon registration you must have Part 3 completed by a College/Institution official.

Part 1 – Applicant's personal details (to be completed by the applicant)

Your Name: _____

Your Home Address: _____

Your PPS No:

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 Your Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Your Telephone No: Mobile: _____ Home: _____

Part 2 – Sources of student financial assistance (to be completed by the applicant)

Have you applied for or will you be getting a Back to Education Allowance (BTEA) or a Vocational Training Opportunities Scheme (VTOS) payment for the 2011/12 academic year? Yes ☐ No ☐

Have you applied for or will you be getting any other student financial assistance from Ireland or abroad for the 2011/12 academic year? Yes ☐ No ☐

If **Yes**, please give details of all awards/funds from the awarding/funding body or Department and the full amount, including fees, that you will get in 2011/12: _____

Part 3 - Course details (to be completed by college/institution official on registration)

The approved **full-time course** which the above applicant has accepted and will pursue in 2011/12 is as follows:

Name of Approved College/ Institution: _____

Address of College/Institution: _____

Full Title of Course: _____

EU Member State in which College/Institution situated: _____

Contact name for College/Institution: _____

Contact e-mail address for College/Institution: _____

UCAS Course Code (or equivalent): _____ (applicant must attach a copy of the college/institution offer)

Course Level: HND or equivalent: ☐ Degree: ☐

Please confirm if the student's registration on this course is: Full-time ☐ Part-time ☐

Course Duration: 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ more than 4 years ☐

Course Year 2011/12: Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐

Is the course year ticked above a repeat year? Yes ☐ No ☐

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The following questions must be completed by the Head of Finance Department in the Institution and stamped with the official college/institution stamp.

I certify that _____ (name of educational institution):

- | | | |
|--|------------------------------|-----------------------------|
| (a) is an educational institution that provides higher education and training; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) is situated in a Member State of the EU; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) is maintained or assisted by recurrent grants from public funds. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I certify that:

- (a) this student has accepted a place in this college/institution for the 2011/12 academic year;
- (b) the course is a **full-time** course;
- (c) the course leads to a recognised higher education and training award in accordance with the laws of the Member State.

I undertake to confirm registration of this student on this course and to verify to the grant awarding authority at agreed intervals that he/she is continuing to attend the course.

Signature: _____

Name in block capitals: _____

Contact Number: _____

Contact email address: _____

Date: _____

Official College/Institution Stamp

Part 4 – Declaration and Signature (to be completed by the applicant)

Declaration:

I certify that the above information is correct and that the course I am attending is a full-time course.

I undertake to notify the local authority/VEC immediately of any change in my course, college or institution, duration or attendance pattern, social welfare entitlement or other sources of student financial assistance.

I will also notify the local authority/VEC if I defer attendance on this course, or if having commenced the course, I cease to continue to attend.

Signature of Applicant: _____ Date: _____

Please note this form must be completed in full and returned to your local authority/VEC.