

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 2010/11. 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 official.

Part 1 – Candidate's personal details (to be completed by the candidate)

Your Name:	_____										
Your Home Address:	_____										
Your PPS No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Telephone No:	Mobile:	_____					Home:	_____			

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

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 2010/11 academic year? Yes No

Have you applied for or will you be getting any other student financial assistance from Ireland or abroad for the 2010/11 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 2010/11:

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

The approved **full-time course** which the above candidate has accepted and will pursue in 2010/11 is as follows:

Name of Approved College/ Institution: _____

Address of 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): _____ (candidate must attach a copy of the college 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 2010/11: Year 1 Year 2 Year 3 Year 4

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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 stamp.

I certify that _____ (name of educational institution):

- (a) provides higher education and training;
- (b) is situated in a member state of the EU;
- (c) is financed essentially out of public funds.

Is the course detailed above funded by the Higher Education Council of England, Scotland or Wales, or by the Scottish Office or by the National Health Service? Yes No

If yes, please state what Council/Office: _____

Has your institution validated this course for a Private College in Ireland: Yes No

I certify that:

- (a) the above student has accepted a place in this college/institution for the 2010/11 academic year;
- (b) the above named course is a **full-time** course;
- (c) the course leads to a recognised higher education and training award.

I undertake to confirm registration of this student on this course and to notify continuation of his/her attendance at regular intervals in the academic year.

Signature: _____

Name in block capitals: _____

Contact Number: _____

Contact email address: _____

Date: _____

Official College Stamp

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

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 Candidate: _____

Date: _____

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