

**Repeat Registration Form – 2017/2018
for
PGFTSBJANO; PGDSBJANO & MSCDAJANI/_O
Repeat Examination Session: MAY 2018**

All forms must be completed and forwarded to the Fee's Office with the appropriate fee enclosed by **4.00pm on Thursday 29th March 2018**. There is a registration fee of €125 and an additional fee of €50 per **module.***

Personal Details

Name: _____

Address: _____

Student No: _____

Telephone No: _____

Programme: _____

Year: _____

Please list below the module(s) that you will need to repeat from each semester:

Semester One

Semester Two

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

Payment

The repeat registration fee is **€125 flat fee** and **€50 per repeat module**.

Payment Method

- 1. Cheque, Postal Order or Bank Draft**, made payable to National College of Ireland. **Please ensure if paying by cheque/postal order/bank draft you write your student number and name on the reverse.**
or
- 2. Debit/Credit Card** – Please enter your card details below and return the completed form to: **Fees Office, National College of Ireland, Mayor Street IFSC, Dublin 1.**

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IMPORTANT: PAYMENT BY CASH WILL NOT BE ACCEPTED

Please indicate the payment option you have selected in the box below:

| | | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------|
| Credit Card | <input type="checkbox"/> | Cheque | <input type="checkbox"/> |
| Debit Card | <input type="checkbox"/> | Draft/Postal Order | <input type="checkbox"/> |
| If paying by card, please fill out your card details below: | | | |
| Card Number: | | Security Code (3 digits): | |
| Expiry Date (MM/YY): | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> <input type="text"/> |
| Cardholders Name (Block Capitals): | _____ | | |
| Cardholder's Signature: | _____ | | |

Applicant's Signature: _____ **Date:** _____