

Coláiste Ósta na Sionna Shannon College of Hotel Management

Attach passport size photo here

International Application Form UG Programmes 2025

ADMISSIONS OFFIC	E NOTES – DO NOT WRITE IN THIS BO)X					
nstructions for	completing application form:						
2. Complete the for3. Print the comple4. Email the scanne joan.markham@	ent to your computer m by typing into the spaces provided a ted form, attach your photograph, signed version with supporting documents universityofgalway.ie me are you applying for?	and scan to your computer					
	elor of Business Studies in Internationa	l Hotel Management (RRS)					
	elor of Commerce in International Hote						
		me + BBS in International Hotel Management					
	-	me + BComm in International Hotel Management					
	national Business Foundation Program						
Personal Details	;						
Family Name:		Nationality:					
First Name(s):		Country of Residence:					
		Country of Birth:					
Gender:	Female Image: Male of the prefer not to say of	Date of Birth (dd/mm/yyyy):					
Student Home Addı	ress:						
Telephone Number	:	Cell Phone:					
Email Address:		WeChat					
		ID:					
Agent Details (if	applicable)						
Name of Agency:		Contact Person:					
Agency Address:							

High School Education:

Please enter the name & address of the schools you have attended since the commencement of your high school education	on,
and complete your final exam details:	

From – To:	Name and Addre	ss of School(s):				
Name of Final High	School Exam:					Year Completed:	
Subjects:		Result:		Subjects:			Result:
After High Scho	ol:						
If you graduated fr English, working, e			e, please	e indicate what y	you ł	nave been doin	g since then (e.g. studying
Language Skills		'V' under the	loval th	at applies to you)		
Languages Level: (place		'X' under the level th		Fluent		Good	Basic
Have you complete		Language Tes	t? (yes/	no)			
Name of Exam (e.g. Exam Date:	. IELTS, TOEFL):			Exam Result:			
Experience and	Extra Curricul	ar Activitie	es:				
If you have spent <i>TII</i>	<i>ME ABROAD,</i> please	provide deta	ils belov	w:			
Dates: Coun							
If you have any WORK EXPERIENCE, please provide details below:							
Dates: Name and Location of Employer:			Nature of Duties:				
Please provide detaito your application:	ls below of your ho	bbies, membe	erships	of clubs/societion	es, a	nd other activit	ties you think are relevant

Other Information:

Where did you first hear about Shannon College? Place 'x' in the relevant box					
Agent: Family/Friend:					
Shannon College Student:	School:		Other: (give details below)		
Shannon College Graduate:	Education Fair:				

Medical:			
Do you have any medical condition which wou	ıld restrict you	ı from taking _l	part in practical training or operational
internships?	No:	Yes:	
If yes, please provide details:			
Submission Agreement:			
I hereby agree to accept and abide by the rules the University of Galway.	s and regulatio	ons of the Shar	nnon College of Hotel Management, a College of
I understand that course conditions and progr		•	•
I certify that all information and documentation been withheld.	on give and sub	omitted by me	e is correct and that no relevant information has
I agree that in the event of information being f	alsified, places	s awarded by	the college may be withdrawn.
Signature of Applicant:	Date	:	