

VERY IMPORTANT

Form: SA 1

TO BE COMPLETED BY CANDIDATES PURSUING UNDERGRADUATE COURSES
IN E.U. MEMBER STATES (EXCLUDING IRELAND)

PART I:

TO BE COMPLETED BY UNDERGRADUATE CANDIDATE AND RETURNED TO THE LOCAL AUTHORITY / VOCATIONAL EDUCATION COMMITTEE WHEN COMPLETED BY COLLEGE

Candidate's Name in Full : _____

Candidates Address : _____

Local Authority Reference No. : _____

PART II: TO BE COMPLETED BY COLLEGE OFFICIAL ON REGISTRATION

Name of Candidate : _____

Name of Institution : _____

Address of Institution : _____

Address within the Institution for Payment of Grant: _____

Category of Institution : _____

(e.g. University, College of Higher Education, College of Further Education etc..)

Title of Course : _____ **Level of Course** _____

Duration : _____ UCAS Code : _____

Is the Course : Undergraduate Postgraduate (Tick appropriate box)

Is the Course : Full-time Part-time (Tick appropriate box)

Has your institution validated this course for a Private College in Ireland ? _____

Is this course funded by the Higher Education Council of England, Scotland, or Wales or by the Scottish Office or by the National Health Service?

If yes please state which Council/Office _____

I certify that :

- (a) the above student has registered in this college/institution for the 2008/2009 academic year
- (b) the above-named course is a Full-time Undergraduate Course;
- (c) this institution is maintained or assisted by recurrent grants from public funds

Signature : _____

Date : _____

Official College Stamp

PART III : To be Completed by Local Authority/ Vocational Education Committee

Category of Grant Award : _____

Signature of Local Authority / VEC Official : _____

Local Authority / VEC Stamp