



**Shannon College of Hotel Management**  
**INTERNATIONAL**  
**APPLICATION FORM**

Shannon Airport, Co. Clare, Ireland.

Tel + 353 61 712590 Fax: + 353 61 475160

email: info@shannoncollege.com website: www.shannoncollege.com

attach  
 passport  
 photo  
 here

**PLEASE COMPLETE IN BLOCK CAPITALS**

I wish to apply for:

- Bachelor of Business Studies in International Hotel Management (4 year undergraduate degree program)
- Transfer from another college or application for academic credits/exemptions into the BBS program
- English Language Foundation Course (1 year) + BBS program (4 year)
- English Language Foundation Course (1 year)

I am applying for entry into Shannon College of Hotel Management in: Year

**Personal Details**

Family Name:  Nationality:

First Name(s):

Sex: male:  female:  Country of Residence:

Date Of Birth: DAY  MONTH  YEAR  Country of Birth:

**Contact Details**

Home Address:

Correspondence Address:

Tel:    Fax:    Cell:

Email Address:  Agent's name:   
(if applicable)

**Secondary Education**

Please enter the name & address of the schools you have attended since commencement of your secondary education:

FROM - TO	Name & Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Enter the subjects from your Final Secondary School Examination below. If you have not yet completed this examination or received your results, please leave the result columns blank.

Name of your Final Secondary School Examination  Year

SUBJECT	RESULT	SUBJECT	RESULT
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of any other Secondary School Examination  Year

SUBJECT	RESULT	SUBJECT	RESULT
<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"/>	<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"/>

### Third Level Education

Are you currently attending or have you attended a third level institute? Yes  No

If No, please skip to the [Language Skills] section. If Yes, complete the following:

Do you wish to seek academic credits or exemptions? Yes  No

Please list all colleges, universities and third-level institutes attended:

DATES (from-to)	NAME OF UNIV./SCHOOL	AREA OF STUDY	COUNTRY	LANGUAGE OF INSTRUCTION	QUALIFICATION
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Language Skills

LANGUAGE	MOTHER TONGUE	FLUENT	GOOD	BASIC	WHERE/HOW DID YOU LEARN THIS LANGUAGE
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

If you are a non-native English speaker, complete the following:

Have you completed an English Language Test? If so, please tick one of the following & enter the exam date:

IELTS, result:  Exam Date:   
 TOEFL, result:   
 Other, result:  name:   
 None

### International Exposure

Please give details of time spent abroad, if any.

DATES	TYPE of ACTIVITY* & OTHER DETAILS	COUNTRY
<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"/>

TYPE of ACTIVITY\*: residence abroad, language school, travel, work experience, other (please specify)



**How did you hear about the Shannon College of Hotel Management?**

<input type="checkbox"/> Shannon College Student	<input type="checkbox"/> Hotel Industry Employee	<input type="checkbox"/> Internet/College Website
<input type="checkbox"/> Shannon College Graduate	<input type="checkbox"/> Guidance Counsellor	<input type="checkbox"/> Family/friend
<input type="checkbox"/> Newspaper/Magazine	<input type="checkbox"/> Other, please specify:	<input style="width: 150px;" type="text"/>

**Attachments**

To evaluate all applications, we need **certified** copies of your results from secondary school. If you have an English Language Certificate please attach it also.

Copies of documents **will not** be returned and are only valid for the year of application stated by you on page one of this application form.

Please note: we cannot review any request for credit transfer or exemptions unless you attach a transcript of your results, course details & graduation certificate (where applicable).

Please list all documents attached to your application:

NOTE: Under 'Type' enter e.g. 'Final Secondary School Examinations Results' or 'English Language Certificate', etc.

TYPE	NAME & DATE
<input type="checkbox"/>	Final Secondary School Examinations Results
<input type="checkbox"/>	English Language Certificate
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**Submission Agreement**

I hereby agree to accept and abide by the rules and regulations of the Shannon College of Hotel Management.

I understand that course conditions and programs can be changed without prior notice.

I certify that all information & documentation given and submitted by me is correct and that no relevant information has been withheld.

I agree that in the event of information being withheld or falsified, places awarded by the College may be withdrawn.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_