

Cork College of Commerce

Evening Course Application Form 2009-2010

ADULT EDUCATION DEPARTMENT

1. Course Details

Course Title

2. Personal Details

First Name(s)

Surname

Address for Correspondence

D.O.B.

Male

Female

Tel. No. (mobile)

Tel. No. (home)

Email Address

Name & Tel. No. (next of kin)

PPS No: (FOR ALL EXAM COURSES)

Are you a citizen of a European Union Member Country? Yes No

State Country of Birth

State Nationality

**Please note fees are strictly non-refundable and non-transferable. I have read and agree to abide by the College of Commerce terms of enrolment and college regulations.*

Signature

Date

3. Payment Details

Fee Paid

Cheque

Cash

Credit Card

If you would like your company to be invoiced please turn over

Credit Card Type

Card Expiry Date

Credit Card No.

Security Code

(Last 3 Digits on Back of Card)

For Office Use

Qualification received

Fee

Cash

Cheque

Credit Card

Postal Order

Bank Draft

Total Fee

Received

Receipt No

Staff Initial

Cork College of Commerce

ENROLMENT FORM - ADULT EDUCATION

- If your course fees are being paid by you company, please fill in and return completed and stamped with the company stamp.
- Please note that payment must be made before student commences class.

Employers Name

Employers Address

Contact Person

Contact Phone Number

Contact Name

Fee Due

Employers Stamp

NB: Please ensure that you fill out the Course Details and your Personal Details on the other side.

College of Further Education
The Bridge to your Future