

NEW STUDENTS  
PLEASE  
ATTACH A  
PASSPORT-SIZED  
PHOTOGRAPH  
FOR STUDENT  
CARD



GRIFFITH COLLEGE  
SCHOOL OF PROFESSIONAL ACCOUNTANCY

# APPLICATION FORM

## ACCA PART TIME COURSE

### DECEMBER 2008 – CORK

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

GCD Student No: \_\_\_\_\_

\_\_\_\_\_

ACCA Student No: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Work Phone No: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please indicate below the courses you wish to register for (see overleaf for details):**

PAPER	TITLE	MAIN COURSE	REVISION ONLY	COURSE FEE
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Subtotal of Fees				
Less 15% Discount for Resit (Main Course Only)				
<b>TOTAL DUE</b>				

**Method of Payment:**

- Cheque                       Postal Order                       Credit Card  
 Bank Draft                       Bank Giro                       Laser Card

*(Please note we do not accept cash)*

<b>OFFICE USE ONLY</b>	
PAYMENT RECEIVED	<input type="checkbox"/>
DATE	_____
INVOICE RAISED	<input type="checkbox"/>

Credit Card Number:

Expiry Date:       Security Number:

Name of Cardholder: \_\_\_\_\_

I certify that the information given above is correct and I hereby undertake to comply with all regulations of Griffith College. I also accept that the course commencement is dependant on student demand and that course fees will not be refunded once a course has commenced, as it is the college policy not to refund fees irrespective of the circumstances. I also grant permission to Griffith College to release my name and the ACCA registration number to ACCA to obtain statistics. I also understand that it is my responsibility to apply to the ACCA to register for the appropriate examination(s).

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

