



## International Summer School Transcript Request Form

**Student Name:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_  
*(if applicable)*

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

**Date of Birth:**     /     /       
*Day / month / year*

**Year of Course:** \_\_\_\_\_

**Independent enrolment**     

**Institutional enrolment:** \_\_\_\_\_  
*(Please state)*

- |                   |                              |                          |   |                          |
|-------------------|------------------------------|--------------------------|---|--------------------------|
| <b>Programme:</b> | <b>Irish Studies</b>         | <input type="checkbox"/> | <b>Irish Language</b>                     | <input type="checkbox"/> |
|                   | <b>Education in Ireland</b>  | <input type="checkbox"/> | <b>Achill Archaeological Field School</b> | <input type="checkbox"/> |
|                   | <b>Burren College of Art</b> | <input type="checkbox"/> | <b>John McGahern Summer School</b>        | <input type="checkbox"/> |

**Address for Correspondence:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Postal Address for Official Transcript (if different to above):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A fee of €10 (*payable by International Bank Draft or Money Order*) for one to five copies, must accompany this request. Please return the completed form with the appropriate fee to the following address:

**Fiona Dwyer**  
**Summer School Office**  
**National University of Ireland, Galway**  
**Ireland**

**Phone:** +353 91 495442, **Fax:** +353 91 525051