

FOIRM IARRATAIS ar CHEAD SPEISIALTA le hIMIRT / APPLICATION FORM FOR SPECIAL PERMISSION TO PLAY/REGRADING 2017/2018

Please note

- In addition to this form, proof of registration verifying the details of the applicants course for the current academic year is required.
- Incomplete applications will not be considered. To be complete, an application must be submitted before 31st October of the academic year and must include all information requested below.

All details must be filled in.			
1. <i>Name</i> :			
2. Date of Birth:			
3. Address:			
4. Home Club and County:			
5. College or Institute:			
6. (a) Student or Apprentice Number:			
(b) Course name and Code:			
(c) My Academic Year on this course (ie Year 1/2/3/4/5):			
(d) Number of Academic Credits for this year:			

(e) N	FQ/NQF Level of course (eg 6/7/8/9/10):				
(f) <i>Fu</i>	ıll-time/part-time				
7. Ha	ve you applied for Permission to Play before? If so, please state the	e year(s)			
Yes	No No				
Year(s) of Previous Application(s):					
8. (a)	I require special permission to play because (Tick whichever box a	pplies):			
(i)	My annual 60 ECTS/120 CATS credits are counted over a period which straddles two or more academic years (as defined in Rule (31(d)(iii))				
(ii)	I wish to verify the eligibility of my course or I am unsure as to whether my course is eligible under CA bye-laws;				
(iii)	The acadmeic contact hours requirement for my academic year has been significantly reduced from that contained in the prospectus or course manual." (reduced by 50% or more). (as defined in Rule (31(f))				
(iv)	I am repeating part(s) of an academic year (documentation required from college to verify academic status must be attached) and have not previously repeated (31(g))				
(v)	I have been awarded credit exemptions for the current academic year (state how many) (as defined in Rule (31(f))				
(vi)					
(vii)					
(viii)	I want to re-grade to an Intermediate/Junior /First-Year 'B' team circle as apt) (as defined in Rule 34)				
If (i), (If (iii),	niú / Explanation: (ii) or (v), explain the exceptional circumstances of your college or course (iv),(vii) (viii) please make any statement in support of your application (or s if required)				

Academic Year e.g. 2009/10)	Course Title and Institute Attended	Course Year (e.g. 1st year)
e.g. 2003/10/	Course Title and institute Attended	(e.g. 13t year)

In accordance with Riail 4.6(d):

13. Signature of college or institute official (Registry):

Where a notice or other communication requires a signature, transmission of that notice or other communication by email shal be deemed duly signed if the senders name (in Irish or for Fixtures Notifications in Irish and/or English) is contained in it and the email message is sufficiently identifiable (by reference to the sender's email address or otherwise) as having emanated fom the person purporting to have sent it.

An applicant shall <u>not play</u> in the relevant CA competition(s) or for the relevant college team(s) without receiving permission from An Coiste Feidhmiúcháin Please return this form and all additional relevant information by

E-mail: secretary.he@gaa.ie

Fax: 01 865 8650

Post: CA Permission to Play,c/o Brendan Connolly, GAA, Croke Park, Dublin 3 before October 31st Page 4 of 4