



AN OIFIG IONTRÁLA IARCHÉIME AMHÁIN:

## Postgraduate Studies Application Form for Taught Postgraduate Programmes

- Do not use this application form for research postgraduate degrees (i.e. PhD, Structured PhD, or MA by research)
- All questions must be answered. Where appropriate, please put "none". Do not leave blanks or put dashes.
- To be completed by typing using **BLACK** font

Please return completed application form and academic transcripts to:

Admissions Office,  
Mary Immaculate College,  
South Circular Road, Limerick, Ireland

Telephone: +353 61 204348 / 204929  
Email: admissions@mic.ul.ie

1 APPLICATION TO UNDERTAKE STUDY LEADING TO THE AWARD OF A

GradDip  Taught MA  MEd  DECPsy   
Other (Please Specify) \_\_\_\_\_

2 TITLE OF COURSE APPLIED FOR \_\_\_\_\_

Full-time  Part-time

3a SURNAME \_\_\_\_\_

3b SURNAME  
(as on birth certificate if different from above) \_\_\_\_\_

3c FIRST NAMES IN FULL  
(as on birth certificate) \_\_\_\_\_

4 STUDENT ID NUMBER  
(former MIC or University of Limerick students only)

5 PPS Number (Republic of Ireland students)

6 DATE OF BIRTH

DD MM YYYY

I identify my gender as: \_\_\_\_\_

4 NATIONALITY \_\_\_\_\_

5 ADDRESS FOR CORRESPONDENCE  
(If your correspondence details change, you must notify us immediately in writing or by email)

Telephone Number \_\_\_\_\_

/ Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

6 PERMANENT ADDRESS  
(or that of next of kin) \_\_\_\_\_

Telephone Number \_\_\_\_\_

7 APPLICATION FEE (please contact Admissions for details)

Yes

No

8 THIRD LEVEL EDUCATION

Names and Addresses of Institutions attended	Years of study		Major areas of Specialisation	Qualification	Class of Qualification*	Level of Qualification**
	from	to				

\* including terminal QCA for Mary Immaculate College/UL graduates.

\*\* Under the National Framework of Qualifications.

Examination still to be taken or results pending


IMPORTANT NOTICE TO APPLICANTS WITH QUALIFICATIONS FROM INSTITUTIONS OTHER THAN THE UNIVERSITY OF LIMERICK. PLEASE ARRANGE TO HAVE THE FOLLOWING ORIGINAL MATERIAL SUBMITTED TO POSTGRADUATE ADMISSIONS.

- A transcript of your academic career to date from the Registrar of your university(s) (to include your final degree(s) results).
  - Official results of examinations to be taken should be submitted as soon as they are available.
- Non-Irish graduates may be requested to forward syllabus and duration of undergraduate courses followed.

9 PARTICULAR ABILITIES

(special aptitudes, knowledge of languages including computer languages)


10 PUBLICATIONS AND RESEARCH INTERESTS

(list Publications, Reports and Dissertations with titles, date and subject and, where applicable, Journal title)


11 State briefly but explicitly the basis of your interest in postgraduate studies and how this relates to your career objectives

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12 Please indicate the posts you have held in reverse chronological order. You may use additional sheets if necessary

(i) PRESENT OR MOST RECENT EMPLOYMENT

DATES		EXACT TITLE OF YOUR POST	NATURE OF WORK
from	to		
FULL NAME AND ADDRESS OF EMPLOYER			

(ii) PREVIOUS EMPLOYMENT

DATES		EXACT TITLE OF YOUR POST	NATURE OF WORK
from	to		
FULL NAME AND ADDRESS OF EMPLOYER			

13 Have you previously applied to MIC or UL to undertake Postgraduate Study? Yes  No   
If "yes" state year and specify programme applied for and name(s) on application

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14 Please state how the Programme of Study came to your attention. Please be specific giving title of newspaper, media, webpage, word of mouth, other (please specify).

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15 If you wish you may mention any condition of health or disability which could have a bearing on your studies or which requires the provision of special facilities. You may use additional sheets if necessary.

16 I affirm that the particulars given in relation to this application are in all respects true and I agree to be bound by the academic regulations of the University

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DOES THIS APPLICANT NEED TO BE  
(Please tick)

Interviewed		Accepted	Rejected	Pending
Yes <input type="checkbox"/>	No <input type="checkbox"/>			

COMMENTS

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SIGNATURE	DATE
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