



AN OIFIG IONTRÁLA IARCHÉIME AMHÁIN:

Postgraduate Studies Application Taught Postgraduate Programmes

- All questions must be answered. Where appropriate, please put "none". Do not leave blanks or put dashes.
- Do not use this application form for research postgraduate degrees (i.e. PhD, Structured PhD, or MA by research)
- To be filled by typewriter or in BLOCK LETTERS using BLACK ink
- Please return completed form, and examination results to:
**Admissions Office,
Mary Immaculate College,
South Circular Road,
Limerick, Ireland**

1 APPLICATION TO UNDERTAKE STUDY LEADING TO THE AWARD OF A

GradDip MA MEd

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)

REGISTRATION NUMBER

(former University of Limerick students only)

4 FIRST NAMES IN FULL

(as on birth certificate)

5 PPS Number (Republic of Ireland students)

Gender F M

6 DATE OF BIRTH

7 NATIONALITY

8 ADDRESS FOR CORRESPONDENCE

(If your correspondence details change, you should notify us immediately in writing)

Daytime Telephone Number

/ Mobile Number

Email Address

9 PERMANENT ADDRESS

(or that of next of kin)

Telephone Number

13 PUBLICATIONS AND RESEARCH INTERESTS

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

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

15 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			

16 Have you previously applied to the University to undertake Postgraduate Study? Yes No
If "yes" state year and specify programme applied for and name(s) on application

17 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).

18 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.

19 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

SIGNATURE

DATE

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