

Postgraduate Studies Application Form for <u>Taught</u> Postgraduate Programmes

• Do <u>not</u> use this application form for research postgraduate degrees (i.e. PhD, Structured PhD, or MA by research)

Please email completed application form and academic transcripts to:

Email: TaughtProgrammes@mic.ul.ie

- 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
- 1 APPLICATION TO UNDERTAKE STUDY LEADING TO THE AWARD OF A:

Grad Dip Taught MA M Ed

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 LIDENTIFY MY GENDER AS

DD / MM / YY

7a NATIONALITY 7b COUNTRY OF BIRTH

| 8 | ADDRESS FOR CORRESPO | NDENCE | | | | | |
|----|---|---------|---------|----------------------|---------------|----------------|-----------------|
| | (If your correspondence details ch must notify us immediately in wri email) | | | | | | |
| | Telephone Number / Mobile Number | er | | | | | |
| | Email Address | | | | | | |
| 9 | PERMANENT ADDRESS (or that of next of kin) | | | | | | |
| | Telephone Number | | | | | | |
| 10 | Have you paid the non-refu (please see MIC website fo | | PPLICAT | TION FEE? Payment Re | Ye f ID: | S | No |
| 11 | THIRD LEVEL EDUCATION | | | | | | |
| | Names and Addresses | Years o | f study | Major areas of | Qualification | Class of | Level of |
| | of Institutions attended | from | to | Specialisation | | Qualification* | Qualification** |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 110111 | | | |
|--------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

^{*}including terminal QCA for Mary Immaculate College/UL Grades

| 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 EMAILEI TO TAUGHTPROGRAMMES@MIC.UL.IE |
| A transcript of your academic career to date from the Registrar of your university(s) (to include your final degree(s) results). Please note that MIC will offer <u>conditional</u> offers subject to submission of transcripts where not available. Transcripts can be emailed to <u>TaughtProgrammes@mic.ul.ie</u> when they become available. |
| Official results of examinations to be taken should be emailed to <u>TaughtProgrammes@mic.ul.ie</u> as soon as they are available. |
| Non-Irish graduates may be requested to forward syllabus and duration of undergraduate courses followed. |
| |
| 12 PARTICULAR ABILITIES (special aptitudes, knowledge of languages including computer languages) |
| |
| |
| |
| |
| |
| 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 caree objectives |
| |
| |
| |
| |
| |
| |

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

| /:\ | DDECENIT | OR MOST | DECENIT | ENIDLO | VMICNIT |
|-----|----------|----------------|---------|---------|----------|
| (1) | PRESENT | OR MOST | RECEIVE | EIVIPLU | YIVIEIVI |

| DATES | | EXACT TITLE OF YOUR POST | | | |
|-----------------|---|--|--|--|--|
| from | to | | | | |
| | | NATURE OF WORK | | | |
| FULL NAME AND A | ADDRESS OF EMPL | LOYER | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PREVIOUS EMPLOY | MENT | | | | |
| DATES | | EXACT TITLE OF YOUR POST | | | |
| from | to | | | | |
| | | NATURE OF WORK | | | |
| FULL NAME AND A | ADDRESS OF EMPL | _OYER | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | JL to undertake Postgraduate Study? Yes No nme applied for and name(s) on application | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Programme of Stud rd of mouth, other (| dy came to your attention. Please be specific giving title of newspa (please specify). | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | t the particulars given in relation to this application are in all respects true and I agree to be bound demic regulations of the University |
|-------------|---|
| by the acad | |

At Mary Immaculate College, we treat your privacy seriously. Any personal data which you provide to the College will be treated with the highest standards of security and confidentiality, in accordance with Irish and European Data Protection legislation. To read the Direct Student Application Privacy Notice click here

FOR OFFICIAL USE ONLY

COMMENTS

DOES THIS APPLICANT NEED TO BE (Please tick)

| Interviewed | Accepted | Rejected | Pending |
|-------------|----------|----------|---------|
| Yes No | | | |

| SIGNATURE | DATE |
|-----------|------|