



Graduate Certificate in Academic Practice (GCAP) 2023-2024

- All questions must be answered
- Please email your application to: TaughtProgrammes@mic.ul.ie
- Do not leave blanks or put in dashes

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|----|---|--|--|--|--|--|--|--|--|--|--|
| 1 | APPLICATION TO UNDERTAKE STUDY LEADING TO THE AWARD OF A | Grad Cert <input type="checkbox"/> MA <input type="checkbox"/> MEd <input type="checkbox"/> PhD <input type="checkbox"/> | | | | | | | | | |
| 2 | TITLE OF COURSE APPLIED FOR | Graduate Certificate in Academic Practice (GCAP) | | | | | | | | | |
| 3 | NAME IN FULL | | | | | | | | | | |
| 4 | NAME (as on birth certificate, if different) | | | | | | | | | | |
| 5 | REGISTRATION NUMBER (former Mary Immaculate students only) | | | | | | | | | | |
| 6 | PPS Number or National Insurance Number | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | DATE OF BIRTH | | | | | | | | | | |
| 8a | NATIONALITY | | | | | | | | | | |
| 8b | COUNTRY OF BIRTH | | | | | | | | | | |
| 9 | ADDRESS FOR CORRESPONDENCE (If your correspondence details change, you should notify us immediately in writing) | | | | | | | | | | |
| 10 | DAYTIME TELEPHONE NUMBER MOBILE NUMBER (if different) | | | | | | | | | | |
| 11 | Email Address | | | | | | | | | | |
| 12 | PERMANENT ADDRESS (or that of next of kin) | | | | | | | | | | |

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|----|--|---------------------------|---|---------------|-------------------------|--------------------------|
| 13 | APPLICATION FEE Have you paid the non-refundable Application Fee of €50 (please see MIC website for details) PayPal Receipt Number: | | Yes <input type="checkbox"/> No <input type="checkbox"/> Payment Ref ID: _____ | | | |
| 14 | THIRD LEVEL EDUCATION (Please provide evidence of your Level 8 and where relevant, other Qualifications) | | | | | |
| | Names and Addresses of Institutions attended | Years of study From to | Major areas of Specialisation | Qualification | Class of Qualification* | Level of Qualification** |
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* including terminal QCA for Mary Immaculate College/UL graduates.

** Under the National Framework of Qualifications.

IMPORTANT NOTICE:

Applicants with qualifications from institutions other than Mary Immaculate College will need to submit a transcript of your Level 8/BA qualification (to include your final degree(s) results). This needs to be submitted with your application. Applications without transcripts cannot be processed.

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| 15 | State briefly but explicitly the basis of your interest in postgraduate studies and how this relates to your career objectives |
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| 16 | Detail your experience of teaching and learning in higher education (number of years teaching, institution etc.) |
| 17 | Briefly describe your current teaching and learning context, and how this programme will enhance your role? |
| 18 | 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). |

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 _____

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

DOES THIS APPLICANT NEED TO BE
(Please tick)

| | | |
|--------------------------------------|--------------------------------------|-------------------------------------|
| Accepted <input type="checkbox"/> | Rejected <input type="checkbox"/> | Pending <input type="checkbox"/> |
|--------------------------------------|--------------------------------------|-------------------------------------|

COMMENTS

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