

## 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)
- All questions must be answered. Where appropriate, please put "none". Do not leave blanks or put dashes.
- To be completed by typing using <u>BLACK</u> font

Please <u>email</u> completed application form and academic transcripts to:

Email: TaughtProgrammes@mic.ul.ie

## APPLICATION FOR TAUGHT MA IN APPLIED LINGUISTICS

January Start September Start

2 TITLE OF COURSE APPLIED FOR

Full-Time Part-Time

3 DELIVERY On-Line On-Campus Mix of Both

4a TITLE 4b SURNAME

4c SURNAME

(as on birth certificate if different from above)

4d FIRST NAMES IN FULL (as on birth certificate)

STUDENT ID NUMBER

(Former MIC or UL students only)

6 PPS Number (ROI students)

7 DATE OF BIRTH 7a | I IDENTIFY MY GENDER AS

7a NATIONALITY 7b COUNTRY OF BIRTH

8	ADDRESS FOR CORRESPONDENCE								
	(If your correspondence details chamust notify us immediately in writemail)								
	Telephone Number / Mobile Number	r							
	Email Address								
9	PERMANENT ADDRESS (or that of next of kin)								
	Telephone Number								
10	Have you paid the non-reful (please see MIC website for			TION FEE? ayment Ref ID:	Yes	No			
11	THIRD LEVEL EDUCATION								
	Names and Addresses of Institutions attended	Years of from	of study to	Major areas of Specialisation	Qualification	Class of Qualification*	Level of Qualification**		

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

<sup>\*\*</sup> 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 EMAILED TO

DATES		EXACT	EXACT TITLE OF YOUR POST		
from	to				
			NATURE OF WORK		
FULL NAME AND A	ddress of em	MPLOYER			
REVIOUS EMPLOYA	MENT				
DATE	ES	EXACT	TITLE OF YOUR POST		
from	to				
			NATURE OF WORK		
FULL NAME AND A	DDRESS OF EM	MPLOYER			
ve vou previously a	onlied to MIC o	or III to under	Lake Postgraduate Study? Yes No		
ves" state year and	specify progra	mme applie	d for and name(s) on application		
ase state how the P			your attention. Please be specific giving title of newspapspecify).		
dia, webpage, wo	ia oi moum, o				

9 If you wish you may mention any condition of health or disability which could have a bearing on your studi or which requires the provision of special facilities. You may use additional sheets if necessary.
I affirm that the particulars given in relation to this application are in all respects true and I agree to be boun 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 <a href="https://example.com/here">here</a>

## FOR OFFICIAL USE ONLY

COMMENTS

DOES THIS APPLICANT NEED TO BE (Please tick)

Interviewed		Accepted	Rejected	Pending
Yes	No			

SIGNATURE	DATE