BRIATHAR DÉ MO LÓCHRANN

MIC

MARY IMMACULATE COLLEGE
COLÁISTE MHUIRE GAN SMÁL

Postgraduate Studies Application Form for Taught Postgraduate Programmes

Please email completed application form and academic transcripts to:
Email: TaughtProgrammes@mic.ul.ie

- ***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.
- **Do not print or send form as an image file, as the form is fillable**
- Complete and Save the form before sending

To be completed by typing using BLACK typeface

APPLICATION TO UNDERTAKE STUDY IN THE FOLLOWING POSTGRADUATE PROGRAMME

1 TITLE OF COURSE APPLIED FOR **Graduate Certificate in Academic Practice**

2a TITLE

2b SURNAME

2c SURNAME
(as on birth certificate if different)

2d FIRST NAMES IN FULL

3 HAVE YOU EVER APPLIED TO MIC?
(Even if you didn't start) Yes ☐ No ☐

4 STUDENT ID NUMBER
(Former MIC or UL students only)

5 PPS Number
(ROI Students)

6a DATE OF BIRTH

6b I IDENTIFY MY GENDER AS

7a NATIONALITY

7b COUNTRY OF BIRTH

7C HAVE YOU LIVED/WORKED IN THE EU (Including Ireland) FOR 3 OF THE LAST 5 YEARS?
If your nationality is not Irish

Lived Yes ☐ No ☐

Worked Yes ☐ No ☐

8 Term Address
(if different)

9 Have you paid the non-refundable Application Fee of €50?
(please see MIC website for details)

Yes ☐ No ☐

Receipt Number (Beginning pi_)

10 THIRD LEVEL EDUCATION **(Please provide evidence of your Level 8/BA qualification)**

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

* 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). Please note that MIC will issue conditional offers subject to submission of transcripts, where not available. Transcripts can be emailed to TaughtProgrammes@mic.ul.ie when they become available.

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

12 Detail your experience of teaching and learning in Higher Education (No of years, institutions etc.

13 Briefly describe your current teaching and learning context and how this programme will enhance your role

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).

15 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 _____

Personal information collected by MIC is treated with the highest standards of security and confidentiality in accordance with the General Data Protection Regulations (GDPR). Data collected will be retained in line with MIC's Records Retention Schedule. By completing this form, you are requesting that your information is processed in line with college procedures for the purpose of the Graduate Certificate in Academic Practice Application Form. Your privacy is important to us. For further information and full data privacy notice please click here.

FOR OFFICIAL USE ONLY

DOES THIS APPLICANT NEED TO BE
(Please tick)

Accepted	Rejected	Pending
☐	☐	☐

COMMENTS

SIGNATURE	DATE