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| **AN OIFIG IONTRÁLA IARCHÉIME AMHÁIN:** |

**Graduate Diploma in Autism Studies Application (G-DAS)**

**2021-2022**

* All questions must be answered 
* Please email your application to: [**TaughtProgrammes@mic.ul.ie**](mailto:TaughtProgrammes@mic.ul.ie)
* Do not leave blanks or put in dashes
* Please use BLOCK LETTERS using BLACK ink

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| 1 | APPLICATION TO UNDERTAKE STUDY LEADING TO THE AWARD OF A | Grad. Diploma. X MA ■ MEd ■ PhD ■ | | | | | | | | |
| 2 | TITLE OF COURSE APPLIED FOR | **Graduate Diploma in Autism Studies (GDAS)** | | | | | | | | |
| 3 | NAME IN FULL |  | | | | | | | | |
| 4 | NAME (as on birth certificate, if different) |  | | | | | | | | |
| 5 | CUSTOMARY NAME to be used on all official College documentation |  | | | | | | | | |
| 6 | REGISTRATION NUMBER  (former Mary Immaculate students only) |  | | | | | | | | |
| 7 | PPS Number or National Insurance Number |  |  |  |  |  |  |  |  |  |
| 8 | DATE OF BIRTH |  | | | | | | | | |
| 9 | NATIONALITY |  | | | | | | | | |
| 10 | ADDRESS FOR CORRESPONDENCE WITH AREA CODE  (If your correspondence details change, you should notify us immediately in writing) |  | | | | | | | | |
| 11 | DAYTIME TELEPHONE NUMBER  MOBILE NUMBER (if different) |  | | | | | | | | |

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| 12 | | Email Address | | | |  | | | |
| 13 | | PERMANENT ADDRESS  (or that of next of kin) | | | |  | | | |
| 14 | | APPLICATION FEE  Have you paid the non-refundable  Application Fee of €50  (please see MIC website for details)    PayPal Receipt Number: | | | | |  |  |  | | --- | --- | --- | |  | Yes No |  | | | | |
| 15 | | THIRD LEVEL EDUCATION **Graduate Certificate Course in Autism Studies, Bachelor’s Degree (either Level 7 or Level 8) Please provide evidence of your qualification)** | | | | | | | |
| 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 7 or 8/BA qualification (to include your final degree(s) results. Please note that MIC will make conditional offers subject to submission of transcripts, where not available. Transcripts can be emailed to TaughtProgrammes@mic.ul.ie when they become available.

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| 16 | State briefly but explicitly the basis of your interest in postgraduate studies and how this relates to your career objectives |
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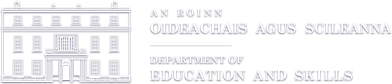
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| 17 | Have you previously applied to Mary Immaculate College to undertake Postgraduate Study?    Yes No    If “yes” state year and specify programme applied for and name(s) on application |
| 18 | Please state how the Programme of Study came to your attention. Please be specific giving title of newspaper, media, webpage, word of mouth, other (please specify). |
| 19 | My preference for on-site lectures for the Graduate Certificate in Autism Studies is (PLEASE TICK)    Mary Immaculate College Limerick  Middletown Centre for Autism Armagh  Dublin  Please note there is no guarantee that the course will run in each venue. The orientation day will take place in Mary Immaculate College for ALL students. There may be a number of lectures with outside speakers which will take in Dublin for ALL students. |

20 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

Closing date for receipt of applications is **Friday, 18th June 2021**



**FOR OFFICIAL USE ONLY**

DOES THIS APPLICANT NEED TO BE

(Please tick)

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| Accepted | Rejected | Pending |

COMMENTS

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| SIGNATURE |  |  |  | DATE |