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

**Graduate Certificate in Academic Practice**

**2020-2021**

* All questions must be answered  Please email completed form 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. Cert. X MA ■ MEd ■ PhD ■ | | | | | | | | | | | | |
| 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 | | | |  | |  | |  |  | |  |  |  | |  |  |
| 7 | | DATE OF BIRTH | | | |  | | | | | | | | | | | | |
| 8 | | NATIONALITY | | | |  | | | | | | | | | | | | |
| 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) | | | |  | | | | | | | | | | | | |
| 13 | | APPLICATION FEE  Have you paid the non-refundable  Application Fee of €50  (please see MIC website for details)    PayPal Receipt Number: | | | | |  |  |  | | --- | --- | --- | |  | No |  |   Yes o | | | | | | | | | | | | |
| 14 | | THIRD LEVEL EDUCATION **(Please provide evidence of your Level 8)** | | | | | | | | | | | | | | | | |
| 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 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](mailto:TaughtProgrammes@mic.ul.ie) when they become available.

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| 15 | State briefly but explicitly the basis of your interest in this programme and how this relates to your career objectives |
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| 16 | Impact: How do you see this programme impacting on the learning experience of your students? |
| 17 | Briefly describe your teaching and learning context, and how your current role involves supporting student learning. |
| 18 | Please indicate your preferred start date:  September 2020  January 2021  *Please note that start dates are dependent on minimum numbers.* |
| 19 | 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). |

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, 26th June 2020

**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 |