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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
* 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:  |

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|   |  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 \*\*  |
|   |   |   |   |   |    |
|    |   |   |   |   |   |
|    |   |   |   |   |   |

\* 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 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)

|  |  |  |
| --- | --- | --- |
| Accepted  | Rejected  | Pending  |

COMMENTS

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| SIGNATURE  |  |  |  | DATE  |