



LANGUAGE EXEMPTION APPLICATION FORM

This Application is for Exemption on Disability Grounds only.

Please complete all sections below:

APPLICANT'S SURNAME: _____

APPLICANT'S FIRST NAME(S): _____

APPLICANT'S ADDRESS: _____

APPLICANT'S DATE OF BIRTH

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(dd/mm/yyyy):

APPLICANT'S CAO NUMBER

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TEL NO: HOME/MOBILE: _____ EMAIL: _____

Did you study Irish or another language at Post-Primary School?

- Irish
- Another Language (other than English)
- Irish & another language

If Yes, Please provide details below.

Please indicate the most recent examination you have taken i.e. Junior Certificate	Irish	Other Language

I enclose a copy of my Certificate of Exemption signed and stamped by the school Principal
(under applicable DES Circular 0053/2019, M10/94, 12/96)

Applicant Signature: _____

Date: _____

Please return Application form together with supporting documentation to
AccessOffice@mic.ul.ie by 1st July