



## 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

**Information to Support Application.**

Please tick appropriate box.

I have been certified as having a Specific Learning Difficulty or Significant Sensory Impairment affecting language skills)

I attach a copy of the Psychologist Report

I attach a copy of Medical Evidence of Hearing Impairment

**Reasons for not taking a 2nd Language**

Supporting Documents to accompany your application

- Language Exemption Declaration completed and signed by your School Principal.
  - Copy of Educational Psychologist Report or Medical Report confirming significant sensory impairment affecting language skills.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return Application form together with supporting documentation to [AccessOffice@mic.ul.ie](mailto:AccessOffice@mic.ul.ie) by 1<sup>st</sup> July