

10 THIRD LEVEL EDUCATION - Academic and Professional Qualifications

Names and Addresses of Institutions attended	Years of study		Major areas of Specialisation	Qualification	Class of Qualification (eg 1st Class Hons) and Final QCA attained (UL graduates only)
	from	to			

Examination to be taken or results pending - please indicate date when results are expected

IMPORTANT: PLEASE SUBMIT THE FOLLOWING ORIGINAL MATERIAL TO RESEARCH AND GRADUATE SCHOOL:

- A transcript of your academic results to date from the Registrar of your university(s) to include your final degree(s) results.
- Official results of examinations to be taken should be submitted as soon as they are available.
- Applicants whose first language is not English must submit official evidence of English language competency e.g. satisfactory IELTS grade or TOEFL score. Often evidence of proficiency in English may be accepted; advice can be obtained from the Research and Graduate School.
- A final decision cannot be taken on your application until certified final results and certification of qualifications awarded are received by the Research and Graduate School.

11 PUBLICATIONS AND RESEARCH INTERESTS

List Publications, Reports and Dissertations with titles, date and subject and, where applicable, Journal title. Use separate sheet if necessary. Please tick if separate sheet is used

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12 PARTICULAR ABILITIES

(special aptitudes, knowledge of languages, computer skills etc.)

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13 ACADEMIC REFEREES (at least one must be an academic referee)

Name:	Institution:
Address:	
Position:	
Telephone:	E-mail address:
Mobile Telephone:	

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Address:	
Position:	
Telephone:	E-mail address:
Mobile Telephone:	

14 SIGNIFICANT PROFESSIONAL/INDUSTRIAL WORK EXPERIENCE

Please indicate the posts you have held in reverse chronological order. You may use additional sheets if necessary.
 Please tick if additional sheet is used

(i) Present or most recent employment

DATES		Exact title of your post
From	To	
Full name and address of employer:		Nature of work:

(ii) Previous Employment

DATES		Exact title of your post
From	To	
Full name and address of employer:		Nature of work:

15 State how you intend to finance your studies. Give details of any applications for grants/scholarships that you have made.

16 Have you previously applied to MIC or the University of Limerick to undertake postgraduate study?

yes no

If 'yes' state year and specify programme applied for and name(s) on application.

17 Please state how MIC came to your attention. Please give title of newspaper, media, website, word of mouth, other etc.

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18 If you wish you may mention any condition of health or disability which could have a bearing on your studies or which requires the provision of special facilities. You may use additional sheets if necessary. Please tick if additional sheet is used

19 PROPOSED RESEARCH PROGRAMME

Have you identified a member of faculty in the Department to which you are applying who has agreed to be your Supervisor? If you have done so, please give the name and Department.

(i) Name of Faculty Member: _____

Department: _____

(ii) Title of project: _____

(iii) Proposed starting date: _____

(iv) Provide a 200 word summary of the research that you intend to undertake in the space provided below. In a separate appendix, please provide a detailed proposal of the research that you intend to undertake. This should include sections on: Aims; Objectives; Motivation; Research Methodology and Project Description. Further information on how to prepare a Thesis proposal is available [here](#).

(v) Provide information relating to your ability in any research skills necessary to successfully pursue this research proposal.

20 DECLARATION

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

DD	MM	YYYY							

For Official Use Only



Postgraduate Studies

21 TO BE COMPLETED BY THE RESEARCH AND GRADUATE SCHOOL

Equivalence of qualification(s) if obtained from an institution, or awarding body, other than the University of Limerick

	H1	H2	2H1	2H2	H3	Pass	Other
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Master's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

English language competency _____

minimum requirements to pursue

Master's Degree	Doctorate Degree
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments (if any): _____

Signature: _____ Date:

DD	MM	YYYY							

22 THIS SECTION TO BE COMPLETED BY HEAD OF GRADUATE SCHOOL

Interview	Comments (if any) on research potential																				
Please tick box below	_____																				
Yes <input type="checkbox"/>	_____																				
No <input type="checkbox"/>	Accept <input type="checkbox"/> Reject <input type="checkbox"/> Interviewed by _____																				
Language: specify language in which thesis is to be presented	Date: <table style="display: inline-table; border: 1px solid black; text-align: center; width: 100px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td>DD</td><td>MM</td><td>YYYY</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>											DD	MM	YYYY							
DD	MM	YYYY																			

Qualifying requirements (if applicable) to be completed by applicant's internal supervisor.

This section to be completed only in cases where the postgraduate research student is required to complete modules specified by the supervisor, either as a necessary component of the course of study, or as a qualifying requirement.

Autumn	Minimum Grade	Spring	Minimum Grade
Minimum QCA		Minimum QCA	
		Cumulative QCA	
		TOTAL CREDITS	

23 TO BE COMPLETED BY PROSPECTIVE SUPERVISOR(S)

Internal Supervisor:	NAME _____
	TITLE _____
Joint Supervisors: (where applicable)	NAME _____
	TITLE _____
	NAME _____
	TITLE _____

24 CONFIRMATION OF THE RESEARCH PROPOSAL

_____ Signature of Head of Department	Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>DD</td><td></td><td>MM</td><td></td><td></td><td></td><td>YYYY</td><td></td><td></td></tr></table>												DD		MM				YYYY		
	DD		MM				YYYY														

25 RESOURCES

To be completed by Heads of Department and Research Centre Director(s). Confirm availability of the resources necessary for this research proposal.

Department/Research Centre: _____

Funding Source: _____

If funded by an external body, has a postgraduate agreement been put in place?

yes no

Non-EU Fees: yes no

Student's Fees to be provided: yes no

Maintenance to be provided: yes no

If yes in either case, specify account no(s): _____

Specify commencement and completion dates:

Commencement Completion

26 Signature of Head of Graduate School

_____	Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>DD</td><td></td><td>MM</td><td></td><td></td><td></td><td>YYYY</td><td></td><td></td></tr></table>												DD		MM				YYYY		
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