AN OIFIG IONTRÁLA IARCHÉIME AMHÁIN:



## **Graduate Certificate in Autism Studies Application (GCAS) 2020-2021**

- All questions must be answered 

   Please return completed form to:

   Admissions Office, Mary Immaculate College, South Circular Road, Limerick, Ireland, V94 VN26
- Do not leave blanks or put in dashes
- Please use BLOCK LETTERS using BLACK ink

1	APPLICATION TO UNDERTAKE STUDY LEADING TO THE AWARD OF A	G	irad. C	Cert.	X MA	■ MI	Ed ■	PhD		
2	TITLE OF COURSE APPLIED FOR	G	radua	te Cer	tificate	e in Au	tism S	tudies	(GCAS	5)
3	NAME IN FULL									
4	NAME (as on birth certificate, if different)									
5	CUSTOMARY NAME to be used on all official College documentation									
6	REGISTRATION NUMBER (former Mary Immaculate students only)									
7	PPS Number									
8	DATE OF BIRTH									
9	NATIONALITY									
10	ADDRESS FOR CORRESPONDENCE (If your correspondence details change, you should notify us immediately in writing)									
11	DAYTIME TELEPHONE NUMBER MOBILE NUMBER (if different)									

12	Email Addres	S						
13	PERMANENT ADDRESS (or that of next of kin)							
14	APPLICATION FEE Have you paid the non-refundable Application Fee of €50 (please see MIC website for details) PayPal Receipt Number:		Yes No					
15	THIRD LEVEL EDUCATION (Please provide evidence of your Level 7 or 8 /BA qualification)							
Names and Addresses of Institutions attended		Years of study From to	Major areas of Specialisation		Qualification	Class of Qualification*	Level of Qualification **	
				0.35				

## **IMPORTANT NOTICE:**

Applicants with qualifications from institutions other than Mary Immaculate College will need to submit a transcript of your Level 8/BA qualification (to include your final degree(s) results). This needs to be submitted with your application. Applications without transcripts cannot be processed.

16	State briefly but explicitly the basis of your interest in postgraduate studies and how this relates to your career objectives

<sup>\*</sup> including terminal QCA for Mary Immaculate College/UL graduates.

\*\* Under the National Framework of Qualifications.

17	Have you previously applied to Mary Immaculate College to undertake Postgraduate Study?								
	Yes No								
	If "yes" state year and specify programme applied for and name(s) on application								
18	Please state how the Programme of Study came to your attention. Please be specific giving title of								
10	newspaper, media, webpage, word of mouth, other (please specify).								
19	My preference for on-site lectures for the Graduate Certificate in Autism Studies is (PLEASE TICK)								
	Mary Immaculate College Limerick								
	Middletown Centre for Autism Armagh								
	Dublin								
	Please note there is no guarantee that the course will run in each venue. The orientation day will take place in Mary Immaculate College for ALL students. There may be a number of lectures with								
	outside speakers which will take in Dublin for ALL students.								
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.								
SIG	SNATURE OF APPLICANT								
DA	TE								
Cla	using data for receipt of applications is <b>Friday</b> . <b>F. June 2020</b>								

Closing date for receipt of applications is **Friday**, **5 June 2020**.









## FOR OFFICIAL USE ONLY

## DOES THIS APPLICANT NEED TO BE

(Please tick)

Accepted	Rejected	Pending							
COMMENTS	COMMENTS								
SIGNATURE		DATE							