

## Mary Immaculate College International Student Study Abroad Application Form 2019 – 2020

## [Faculty of Education]

Please complete ELECTRONICALLY and return the form <u>via e-mail only</u> to Valerie.Armstrong@mic.ul.ie

Personal / Contact Information

Insert a clear head and shoulder photo here – if you have difficulty doing this please send photo separately.

Surname / Family Name:		<u></u>	First Name[s]:	
Gender:	Male	Female		
Date of Birth (European Fo		onth/year e.g. 10 <sup>th</sup> Augu	st 1999)	
Home (Perm	anent) Address	5:		
E-mail Addre	ess:			
	ersity / College me University /	College:		
NAME & <u>PO</u>	<b>STAL</b> Address o	f Study Abroad Co-ordir	nator to whom transcripts should be sent:	
		u wish to spend at Mary —	<u>_</u>	
Autumn Sem	nester 🗌	Spring Semester	Full Academic Year $\square$	
Next-of-Kin Name:	(Please supply	details of person who s	should be contacted in the event of an emergency	V)
Relationship	to You:			
Telephone N	lumber:			
E-mail Addre	ess:			

By submitting this application, I confirm the following:

**Other Details** 

• I wish to undertake exchange studies in the **Faculty of Education**, Mary Immaculate College.

Are there any special circumstances, e.g. physical disabilities, of which the College should be aware?

- I understand that programme / module information supplied represents a guide to the range of courses offered at Mary Immaculate College and does **not** guarantee the availability of or my enrolment in same.
- I understand it is my responsibility to ensure I have adequate health insurance to cover my full period of exchange studies at Mary Immaculate College.