

Non-EU Undergraduate Studies Application Form

- All questions must be answered.
 Where appropriate, please put "none".
 Do not leave blanks or put dashes.
- To be filled in BLOCK LETTERS using BLACK ink.

• Please return completed application form, and certified examination results to:

Admissions Office Mary Immaculate College South Circular Road Limerick Ireland Tel. +353 61 204929/ 204348 Fax. +353 61 204903 Email <u>admissions@mic.ul.ie</u> www.mic.ul.ie

REC	SISTRATION NUMBER			
	(former MIC/Unive	rsity of Limerick students only))	
1	PROGRAMMES OF STUDY APPLIED FO	R		
	1st Preference			
	2nd Preference			
2	ARE YOU APPLYING THROUGH AN EDU	CATION AGENT Yes	No	
	If YES please give Agent name here			
3	TITLE			
4	FORENAMES			
5	SURNAME			
6	PREVIOUS SURNAME (if different from	above)		
7	NATIONALITY			
8	COUNTRY OF RESIDENCE			
9	GENDER	Male Female		
10	DATE OF BIRTH (dd/mm/yy)			
11	ADDRESS FOR CORRESPONDENCE (If your correspondence details change, you should notify us immediately in writing)	(Current Address)		(Agent Address if any)
	Daytime Telephone Number	Mobile/0	Cell	
	Email address			
12	PERMANENT ADDRESS (If different from above)			
	TELEPHONE NUMBER			

13 SECONDARY/HIGH SCHOOL EDUCATION

14

Name of School		me of Final cam/Award	Final Exams Completed (Yes/No)						
EXAMINATIONS TO BETAKEN OR WITH RESULTS PENDING									
COLLEGE/UNIVERSITY EDUC	NATION								
COLLEGE/UNIVERSITY EDUC				5 111					
Name of Institution	Final Exams Completed (Yes/No)	Name of Award	Year Obtained	Result/ Grade/Mark*					
EXAMINATIONS TO BETAKEN OR WITH RESULTS PENDING									
ENGLISH QUALIFICATION									
Course Taken (IELTS, TOE	EFL, etc)	IELTS / TRF Number Date R		Result					

IMPORTANT NOTICE TO APPLICANTS

- Please enclose detailed certified results and awards for all examinations mentioned above (certified original documents and certified English translation where applicable).
- Official results and award of examinations to be taken should be submitted as soon as they are available.
- If you are from a non-English speaking country, you will be required to show evidence of a high level of competence in English as part of the application.
- Please note that your application form cannot be considered unless certified results and awards are submitted.

^{*} Include QCA/GPA, mark, percentage etc. depending on marking system at your University.

Name and Addre		Start Date	End Date	Duties Undertaken		
SUPPORTING STATEMENT (Please use this space to include information which you may consider pertinent to your application, e.g. nature of work experience, reasons for applying to Mary Immaculate College, etc. You may attach an extra page if necessary)						
FINANCIAL INFORMA		Voc.				
Will you be receiving	any sponsorship		•			
Will you be receiving If YES please give det	any sponsorship tails here Sponsor		•			
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Date

Signature

FOR OFFICIAL USE ONLY

20 (i) DOES THIS STUDENT NEED TO BE (Please tick)

	Inter	viewed		Acce	oted	Rejected	Pending
Yes		No					
СОММЕ	NTS		<u> </u>				
Signat	ure					Date	
	IMUM EX	EMPTIONS					
Note							
		pply for further	r exemptior	ns later if	appropriate	9	
	TIONS GR	ANTED					
Please t	ICK						
Year 1							
Year 2							
Year 3		Placement Placement					
Year 4							
Signat	ure					Date	
			ADM	ISSIONS	OFFICE ON	LY	
				Initials			Initials
Applic	ation Fee				Receipt ı	number	