



Postgraduate Studies Application Form for Taught Postgraduate Programmes

- Do *not* use this application form for research postgraduate degrees (i.e. PhD, Structured PhD, or MA by research)
- All questions must be answered. Where appropriate, please put "none". Do not leave blanks or put dashes.
- Do not print or send form as an image file

Please email completed application form and academic transcripts to:
Email: TaughtProgrammes@mic.ul.ie

To be completed by typing using **BLACK** font

1 APPLICATION FOR TAUGHT APPLIED LINGUISTICS

Grad Dip MA January Start September Start

2 TITLE OF COURSE APPLIED FOR

Full/Part Time: Full-Time Part-Time
 Learning Mode: On-Line On-Campus Mix of Both

3a TITLE 3b SURNAME

3c SURNAME
 (as on birth certificate if different from above)

3d FIRST NAMES IN FULL

4 HAVE YOU EVER APPLIED TO MIC? Yes No
 (Even if you didn't start)

5 STUDENT ID NUMBER 6 PPS Number
 (Former MIC or UL students only) (ROI Students)

7a DATE OF BIRTH 7b I IDENTIFY MY GENDER AS

8a NATIONALITY 8b COUNTRY OF BIRTH

8c HAVE YOU LIVED/WORKED IN THE EU (Including Ireland) FOR 3 OF THE LAST 5 YEARS?
 (If your Nationality is not Irish)

| | | |
|--------|-----|----|
| Lived | Yes | No |
| Worked | Yes | No |

8 HOME ADDRESS

(If your correspondence details change, you must notify us immediately in writing or by email)

Telephone Number / Mobile Number

Email Address

9 TERM ADDRESS
(If different)

Telephone Number

10 Have you paid the non-refundable APPLICATION FEE? Yes No

(please see MIC website for details) Payment Ref ID:
No starting pi_

11 THIRD LEVEL EDUCATION

| Names and Addresses of Institutions attended | Years of study | | Major areas of Specialisation | Qualification | Class of Qualification* | Level of Qualification** |
|--|----------------|----|-------------------------------|---------------|-------------------------|--------------------------|
| | from | to | | | | |
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* including terminal QCA for Mary Immaculate College/UL graduates.

** Under the National Framework of Qualifications.

Examination still to be taken or results pending

IMPORTANT NOTICE TO APPLICANTS WITH QUALIFICATIONS FROM INSTITUTIONS OTHER THAN THE UNIVERSITY OF LIMERICK. PLEASE ARRANGE TO HAVE THE FOLLOWING ORIGINAL MATERIAL EMAILED TO TAUGHTPROGRAMMES@MIC.UL.IE

- A transcript of your academic career to date from the Registrar of your university(s) (to include your final degree(s) results). Please note that MIC will offer conditional offers subject to submission of transcripts, where not available. Transcripts can be emailed to TaughtProgrammes@mic.ul.ie when they become available.
- Official results of examinations to be taken should be emailed to TaughtProgrammes@mic.ul.ie as soon as they are available.

Non-Irish graduates may be requested to forward syllabus and duration of undergraduate courses followed.

12 PARTICULAR ABILITIES (special aptitudes, knowledge of languages including computer languages)

13 PUBLICATIONS AND RESEARCH INTERESTS

(list Publications, Reports and Dissertations with titles, date and subject and, where applicable, Journal title)

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

15 Please indicate the posts you have held in reverse chronological order. You may use additional sheets if necessary

(i) PRESENT OR MOST RECENT EMPLOYMENT

| | | | |
|-----------------------------------|----|--------------------------|----------------|
| DATES | | EXACT TITLE OF YOUR POST | |
| from | to | | |
| | | | NATURE OF WORK |
| FULL NAME AND ADDRESS OF EMPLOYER | | | |
| | | | |

(ii) PREVIOUS EMPLOYMENT

| | | | |
|-----------------------------------|----|--------------------------|----------------|
| DATES | | EXACT TITLE OF YOUR POST | |
| from | to | | |
| | | | NATURE OF WORK |
| FULL NAME AND ADDRESS OF EMPLOYER | | | |
| | | | |

16 Have you previously applied to MIC or UL to undertake Postgraduate Study? Yes No

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

17 Please state how the Programme of Study came to your attention. Please be specific giving title of newspaper, media, webpage, word of mouth, other (please specify).

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.

19 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

DIGITAL SIGNATURE

Type Name or Insert Signature JPEG/PNG

DATE

Personal information collected by MIC is treated with the highest standards of security and confidentiality in accordance with the General Data Protection Regulations (GDPR). Data collected will be retained in line with MIC's [Records Retention Schedule](#). By completing this form, you are requesting that your information is processed in line with College procedures for the purpose of the Applied Linguistics Application Form. Your privacy is important to us. For further information and full data privacy notice please click [here](#).

FOR OFFICIAL USE ONLY

DOES THIS APPLICANT NEED TO BE (Please tick)

| Interviewed | Accepted | Rejected | Pending |
|-------------|----------|----------|---------|
| | | | |

COMMENTS

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|