

Graduate Certificate in Autism Studies Application (GCAS)

- All questions must be answered
- Please email completed form to: <u>TaughtProgrammes@mic.ul.ie</u>
- Do not leave blanks or put in dashes
- Do not print or send form as an image file

1	Application To Undertake Study Leading To The Award Of A:	Graduate Certificate in Autism Studies (GCAS)
2	Title	
3	Surname	
4	Forename	
5	Name (As on Birth Cert if Different)	
6	Registration Number (former MIC and UL students only)	
7	PPS Number	
8	Date Of Birth	
9	Gender – (Male, Female, Non-Binary)	
10a	Nationality	
10b	Country Of Birth	
10c	Have you Lived in the EU for 3 of the last 5 years (If you are not Irish Nationality)	Yes No
11	Home Address (If your address details change, you should notify us immediately in writing)	
12	DAYTIME TELEPHONE NUMBER	
	MOBILE NUMBER (if different)	
13	Email Address	

14	Term Address						
	(if different)						
15	Application Fee						
	Have you paid	the non-refundab	ole	Yes	No		
	Application Fe	vebsite for details)					
	Receipt Numb						
16 THIRD LEVEL EDUCATION (Please provide evi			vidence of	your Level 8/BA qu	ualification)		
		T	T			Г	
	mes and	Years of study	Major ar		Qualification	Class of	Level of
Addresses of			Specialisation			Qualification*	Qualification
Ins	stitutions	From to					**
att	ended						

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). Please note that MIC will issue conditional offers subject to submission of transcripts, where not available. Transcripts can be emailed to TaughtProgrammes@mic.ul.ie when they become available.

^{*} including terminal QCA for Mary Immaculate College/UL graduates.

** Under the National Framework of Qualifications.

	career objectives		
l			
18	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		
19	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).		

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

20. I affirm that the particulars given in relation to this application are in all respects true and I

DIGITAL SIGNATURE

Type Name or Insert Signature JPEG/PNG

Date

At Mary Immaculate College, we treat your privacy seriously. Any personal data which you provide to the College will be treated with the highest standards of security and confidentiality, in accordance with Irish and European Data Protection legislation. To read the Direct Student Application Privacy Notice click here









FOR OFFICIAL USE ONLY

DOES THIS APPLICANT NEED TO BE (Please tick)

Accepted	Rejected	Pending					
COMMENTS							
CICNATURE		DATE					
SIGNATURE		DATE					