

Postgraduate Studies Application Form for <u>Taught</u> Postgraduate Programmes

- Do <u>not</u> 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.
- Insert photograph in the box provided use a saved photo
- Do not print or send form as an image file
- To be completed by typing using **BLACK** font

	email completed application factorion factorion factorions	orm and			
Email:	TaughtProgrammes@mic.ul.ie				

1 APPLICATION TO	UNDERTAKE STUDY	LEADING TO	THE AWARD OF A	
------------------	-----------------	------------	----------------	--

Grad Dip M Ed

2 TITLE OF COURSE APPLIED FOR

Full-time Part-time

3a TITLE

3b SURNAME

3c SURNAME

(as on birth certificate if different from above)

3d FIRST NAMES IN FULL

(as on birth certificate)

4 STUDENT ID NUMBER

(former MIC or University of Limerick students only)

5 PPS Number (Republic of Ireland students)

6a DATE OF BIRTH 6b I IDENTIFY MY GENDER AS

DD / MM / YYYY

7a NATIONALITY 7b COUNTRY OF BIRTH

7c HAVE YOU LIVED IN THE EU FOR 3 OF THE LAST 5?

Yes

	TELEPHONE NUMBER / MOBIL	E NUMBEI	R				
	Email Address						
9	TERM ADDRESS (If different to above)						
	TELEPHONE NUMBER						
10	Have you paid the non-refu			TION FEE?	Yes	No	
	(please see MIC website for	raeraiis)		Payment Re	fID:		
11	THIRD LEVEL EDUCATION						
	Names and Addresses	Years of study		Major areas of	Qualification	Class of	Level of
	of Institutions attended	from	to	Specialisation		Qualification*	Qualification**
	* including terminal QCA for Mar	y Immacula	ate College	/UL graduates.	** Under t	he National Framewo	ork of Qualifications.

HOME ADDRESS

(If your address changes, you must notify us immediately in writing or by email)

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 <u>conditional</u> offers subject to submission of transcripts, where not available. Transcripts can be emailed to <u>TaughtProgrammes@mic.ul.ie</u> when they become available.
 Official results of examinations to be taken should be emailed to <u>TaughtProgrammes@mic.ul.ie</u> 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)
4 State briefly but explicitly the basis of your interest in postaraduate studies and how this relates to your career
4 State briefly but explicitly the basis of your interest in postgraduate studies and how this relates to your career objectives
4 State briefly but explicitly the basis of your interest in postgraduate studies and how this relates to your career objectives

DATES		EXACT	EXACT TITLE OF YOUR POST		
from	to				
			NATURE OF WORK		
FULL NAME AND A	DDRESS OF EM	MPLOYER			
DEVIOUS ENADIOV	MENIT				
REVIOUS EMPLOY. DATI		EXACT	TITLE OF YOUR POST		
from	to				
			NATURE OF WORK		
FULL NAME AND A	.DDRESS OF EM	MPLOYER			
ve you previously a	pplied to MIC o	r UL to under	take Postgraduate Study? Yes No		
yes" state year and	specify progra	mme applie	d for and name(s) on application		
ase state how the Pedia, webpage, wo			your attention. Please be specific giving title of newspap specify).		

9 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.
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
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)

Interviewed	Accepted	Accepted Rejected	
Yes No			

COMMENTS		

SIGNATURE DATE