



**Mary Immaculate College, Limerick**

Phone: 061 204300 Fax: 061 313632

## Teacher Education Access Course for Mature Learners

Please use BLOCK CAPITAL letters when completing the section 'PERSONAL DETAILS'.  
The completed application form should be emailed to [Admissions@mic.ul.ie](mailto:Admissions@mic.ul.ie)

### PERSONAL DETAILS

Name:

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Firstname

Name as on Birth Certificate:

\_\_\_\_\_

PPS Number:

\_\_\_\_\_

Address for correspondence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Telephone No:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Nationality

\_\_\_\_\_

**SECOND LEVEL EDUCATION (PLEASE NOTE THAT STATE EXAMINATION RESULTS MUST BE SUPPLIED AND VERIFIED BY A MEMBER OF THE GARDA SIOCHANA OR COMMISSIONER FOR OATHS)**

Names and Addresses of Schools attended	<u>Years of Study</u>	
	from	to

Examinations	Year of Examination	Subjects Passed	Level	Grade or Mark

**Q. Please list Leaving Certificate Examination subjects bring taken in the current year, if applicable.**

---



---



---



---



---



---





**Name, Address, Telephone No. of two referees:**

<b>Referee (1)</b>	<b>Referee (2)</b>
Tel no.	Tel no.

**Any additional information you would like to add**


**DECLARATION**

I declare that all the particulars supplied by me on this form are correct and that I will inform the College immediately if I decide not to proceed with my application at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_