



Graduate Certificate in Autism Studies Application (GCAS) 2020-2021

- All questions must be answered Please email completed form to: TaughtProgrammes@mic.ul.ie
- Do not leave blanks or put in dashes
- Please use BLOCK LETTERS using BLACK ink

1	APPLICATION TO UNDERTAKE STUDY LEADING TO THE AWARD OF A	Grad. Cert. <input checked="" type="checkbox"/> MA <input type="checkbox"/> MEd <input type="checkbox"/> PhD <input type="checkbox"/>										
2	TITLE OF COURSE APPLIED FOR:	Graduate Certificate in Autism Studies (GCAS)										
3	NAME IN FULL											
4	NAME (as on birth certificate, if different)											
5	REGISTRATION NUMBER (former Mary Immaculate students only)											
6	PPS Number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
7	DATE OF BIRTH											
8	NATIONALITY											
9	ADDRESS FOR CORRESPONDENCE (If your correspondence details change, you should notify us immediately in writing)											
10	DAYTIME TELEPHONE NUMBER MOBILE NUMBER (if different)											
11	Email Address											
12	PERMANENT ADDRESS (or that of next of kin)											

<p>13 APPLICATION FEE Have you paid the non-refundable Application Fee of €50 (please see MIC website for details)</p> <p>PayPal Receipt Number:</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes No <input type="checkbox"/> </p>
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14 **THIRD LEVEL EDUCATION (Please provide evidence of your Level 8/BA qualification)**

Names and Addresses of Institutions attended	Years of study From to	Major areas of Specialisation	Qualification	Class of Qualification*	Level of Qualification**

* including terminal QCA for Mary Immaculate College/UL graduates.
** Under the National Framework of Qualifications.

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 make conditional offers subject to submission of transcripts, where not available. Transcripts can be emailed to TaughtProgrammes@mic.ul.ie when they become available.

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

16	<p>Have you previously applied to Mary Immaculate College to undertake Postgraduate Study?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If “yes” state year and specify programme applied for and name(s) on application</p>
17	<p>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).</p>
18	<p>My preference for on-site lectures for the Graduate Certificate in Autism Studies is (PLEASE TICK)</p> <p>Mary Immaculate College Limerick <input type="checkbox"/></p> <p>Middletown Centre for Autism Armagh <input type="checkbox"/></p> <p>Dublin <input type="checkbox"/></p> <p>Please note there is no guarantee that the course will run in each venue. The orientation day will take place in Mary Immaculate College for ALL students. There may be a number of lectures with outside speakers which will take in Dublin for ALL students.</p>

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.

SIGNATURE OF APPLICANT _____

DATE _____

Closing date for receipt of applications is Friday, 26th June 2020



FOR OFFICIAL USE ONLY

DOES THIS APPLICANT NEED TO BE
(Please tick)

Accepted	Rejected	Pending
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COMMENTS

SIGNATURE	DATE
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