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| **AN OIFIG IONTRÁLA IARCHÉIME AMHÁIN:** |



**Graduate Certificate in Middle Leadership and Mentoring**

**MIC Thurles 2019-2020**

* All questions must be answered
* Please return completed form to:   
  **Admissions Office, Mary Immaculate College, South Circular Road, Limerick, Ireland, V94 VN26**
* Do not leave blanks or put in dashes
* Please use BLOCK LETTERS using BLACK ink

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| 1 | APPLICATION TO UNDERTAKE STUDY   LEADING TO THE AWARD OF A | Grad. Cert. X MA ■ MEd ■ PhD ■ |
| 2 | TITLE OF COURSE APPLIED FOR: | **Graduate Certificate in Middle Leadership and Mentoring** |
| 3 | NAME IN FULL |  |
| 4 | NAME (as on birth certificate, if different) |  |
| 5 | REGISTRATION NUMBER (former Mary Immaculate students only) |  |
| 6 | PPS Number | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | |
| 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 |  |

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| 12 | PERMANENT ADDRESS  (or that of next of kin) |  |
| 13 | APPLICATION FEE  Have you paid the non-refundable Application Fee of €50  (please see MIC website for details)  PayPal Receipt Number: | Yes No o |

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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 \*\* |
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\* 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). This needs to be submitted with your application. Applications without transcripts cannot be processed.

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| 15 | State briefly but explicitly the basis of your interest in postgraduate studies and how this relates to your career objectives |
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| 16 | 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 |
| 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 |  |

1. 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, 30th August 2019.

**FOR OFFICIAL USE ONLY**

DOES THIS APPLICANT NEED TO BE

(Please tick)

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| Accepted | Rejected | Pending |
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COMMENTS

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| SIGNATURE | DATE |