



Graduate Certificate in Middle Leadership and Mentoring MIC Thurles 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

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|----|--|---|--|--|--|--|--|--|--|--|--|--|
| 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 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 | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> | | | | | | | | | | |
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| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| 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). 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.

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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 <input type="checkbox"/> No <input type="checkbox"/> 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 | |

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 |
|----------|----------|---------|

COMMENTS

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|