BRIATHAR DÉ MO LÓCHRANN

MIC

MARY IMMACULATE COLLEGE
COLÁISTE MHUIRE GAN SMÁL

Postgraduate Studies Application Form for Taught Postgraduate Programmes

Please email completed application form and academic transcripts to:
Email: TaughtProgrammes@mic.ul.ie

- ***Do not 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.
- Do not print or send form as an image file, as the form is fillable
- **Complete, Save and Close the form before reopening and adding the Photo**

To be completed by typing using BLACK typeface

APPLICATION TO UNDERTAKE STUDY IN THE FOLLOWING POSTGRADUATE PROGRAMME

1 TITLE OF COURSE APPLIED FOR **GRADUATE DIPLOMA IN ADULT & FURTHER EDUCATION**

Full-Time ☐ Part-Time ☐

2a TITLE

2b SURNAME

2c SURNAME
(as on birth certificate if different)

2d FIRST NAMES IN FULL

3a HAVE YOU EVER APPLIED TO MIC?
(Even if you didn't start) Yes ☐ No ☐

3b HAVE YOU BEEN AWARDED THE PRESIDENT'S SCHOLARSHIP?
(Please tick if you have) ☐

4 STUDENT ID NUMBER
(Former MIC or UL students only)

5 PPS Number
(ROI Students)

6a DATE OF BIRTH

6b I IDENTIFY MY GENDER AS

7a NATIONALITY

7b COUNTRY OF BIRTH

7c ARE YOU AN EU CITIZEN? Yes ☐ No ☐

7d IF NOT, HAVE YOU LIVED/WORKED IN THE EU FOR 3 OF THE LAST FIVE YEARS?

Lived Yes ☐ No ☐

Worked Yes ☐ No ☐

8 HOME ADDRESS (If your correspondence details change, you must notify us immediately in writing or by email)

EIRCODE/POSTCODE

Mobile Number / Landline Number

Personal Email Address (Not College or Work)

9 TERM ADDRESS
(If different)

Mobile Number / Landline Number

10 Have you paid the non-refundable APPLICATION FEE? Yes ☐ No ☐
(please see MIC website for details)

Payment Ref ID:
No starting: pi_

11 THIRD LEVEL EDUCATION

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

* including terminal QCA for Mary Immaculate College/UL graduates.

** Under the National Framework of Qualifications.

Examination still to be taken or results pending

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 conditional offers subject to submission of transcripts, where not available. Transcripts can be emailed to TaughtProgrammes@mic.ul.ie when they become available.
- Official results of examinations to be taken should be emailed to TaughtProgrammes@mic.ul.ie 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)

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

15 Please indicate the posts you have held in reverse chronological order. You may use additional sheets if necessary

(i) PRESENT OR MOST RECENT EMPLOYMENT

DATES		EXACT TITLE OF YOUR POST
from	to	
		NATURE OF WORK
FULL NAME AND ADDRESS OF EMPLOYER		

(ii) PREVIOUS EMPLOYMENT

DATES		EXACT TITLE OF YOUR POST
from	to	
		NATURE OF WORK
FULL NAME AND ADDRESS OF EMPLOYER		

16 Have you previously applied to MIC or UL 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 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.

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

DIGITAL SIGNATURE

Type Name or Insert Signature JPEG/PNG _____

DATE _____

Personal information collected by MIC is treated with the highest standards of security and confidentiality in accordance with the General Data Protection Regulations (GDPR). Data collected will be retained in line with MIC's Records Retention Schedule. By completing this form, you are requesting that your information is processed in line with College procedures for the purpose of this application form. Your privacy is important to us. For further information and full data privacy notice please click here.

FOR OFFICIAL USE ONLY

DOES THIS APPLICANT NEED TO BE (Please tick)

Interviewed	Accepted	Rejected	Pending
☐	☐	☐	☐

COMMENTS

SIGNATURE	DATE