



Non-EU Undergraduate Studies Application Form

- All questions must be answered. Where appropriate, please put "none". Do not leave blanks or put dashes.
- To be filled in **BLOCK LETTERS** using **BLACK** ink.
- Please return completed application form and certified examination results to:

International Office
Mary Immaculate College
South Circular Road
Limerick
Ireland

Alison Ryan
Tel. +353 61 204 988
Email International@mic.ul.ie

REGISTRATION/ID NUMBER

(Former MIC/UL students only)

1 PROGRAMMES OF STUDY APPLIED FOR

1st Preference

2nd Preference

2 ARE YOU APPLYING THROUGH AN EDUCATION AGENT Yes No

If YES please give Agent name here

3a TITLE 3b SURNAME

3c PREVIOUS SURNAME (if different from above)

3d FORENAMES

4 NATIONALITY

5 COUNTRY OF RESIDENCE

6 I IDENTIFY MY GENDER AS

7 DATE OF BIRTH (dd/mm/yy)

8 CORRESPONDENCE ADDRESS (If your correspondence details change you must notify us immediately in writing)

DAYTIME TELEPHONE NUMBER

MOBILE/CELL NUMBER

EMAIL ADDRESS

EXAMINATIONS TO BE TAKEN OR WITH RESULTS PENDING

12 ENGLISH QUALIFICATION

Course Taken (IELTS, TOEFL, etc.)	IELTS / TRF Number	Date	Result

CERTIFIED TRANSCRIPTS MUST ACCOMPANY THIS APPLICATION

IMPORTANT NOTICE TO APPLICANTS

- a. Please enclose detailed certified results and awards for all examinations mentioned above (certified original documents and certified English translation where applicable).
- b. Official results and award of examinations to be taken should be submitted as soon as they are available.
- c. If you are from a non-English speaking country, you will be required to show evidence of a high level of competence in English as part of the application.
- d. Please note that your application form cannot be considered unless certified results and awards are submitted.

* Include QCA/GPA, mark, percentage etc. depending on marking system at your university.

13 EMPLOYMENT RECORD: (most recent employment first)

Name and Address of Employer	Start Date	End Date	Duties Undertaken

14 SUPPORTING STATEMENT

(Please use this space to include information which you may consider pertinent to your application, e.g. nature of work experience, reasons for applying to Mary Immaculate College, etc. You may attach a Word document with any extra information if necessary.)

15 FINANCIAL INFORMATION

Will you be receiving any sponsorship? Yes No

IF YES, PLEASE GIVE DETAILS HERE:

SPONSOR NAME:

SPONSOR ADDRESS:

16 REFERENCES

(Please give names and addresses of two persons, not related to you, whom the College may approach for references)

REFEREE 1

Name:	
Address:	
Telephone Number:	
Institute/Company:	
Position:	
Email Address:	

REFEREE 2

Name:	
Address:	
Telephone Number:	
Institute/Company:	
Position:	
Email Address:	

- 17** 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

At Mary Immaculate College, we treat your privacy seriously. Any personal data which you provide to the College will be treated with the highest standards of security and confidentiality, in accordance with Irish and European Data Protection legislation. To read the Direct Student Application Privacy Notice click [here](#)

(i) DOES THIS APPLICANT NEED TO BE (Please tick)

Interviewed	Accepted	Rejected	Pending

COMMENTS

SIGNATURE

DATE

(ii) MINIMUM EXEMPTIONS

NB:The Student may apply for further exemptions later if appropriate

EXEMPTIONS GRANTED – Please tick

Year 1			
Year 2			
Year 3		Placement 1 Placement 2	
Year 4			

SIGNATURE

DATE