

Mary Immaculate College, Limerick

Phone: 061 204300



Foundation Programme for Higher Education

Mature Student Application

The completed application form should be emailed to:

Admissions@mic.ul.ie

PERSONAL DETAILS

Name:

Surname

First Name

Name as on Birth Certificate:

PPS Number:

Address for correspondence:

Contact Telephone No:

E-mail Address:

Date of Birth:

Country of Birth:

Nationality:

Gender:

Q. Is English your first language?

Yes

No

If **NO** please give details in the next section

Language

We would appreciate some details on your level of written/spoken English.

Please tick the box that best describes your ability in each of the following:

| | BASIC | AVERAGE | GOOD | VERY GOOD | EXCELLENT |
|------------------|--------------|----------------|-------------|------------------|------------------|
| SPEAKING | | | | | |
| WRITING | | | | | |
| LISTENING | | | | | |
| READING | | | | | |

Please list any English language courses you may have taken:

| Year | Course | Result |
|-------------|---------------|---------------|
| | | |
| | | |
| | | |

Second Level Education

| Names and Addresses of Schools attended | <u>Years of Study</u> | |
|--|------------------------------|-----------|
| | From | To |
| | | |
| | | |
| | | |

| Examinations | Year of Examination | Subjects Passed | Level | Grade or Mark |
|---------------------|----------------------------|------------------------|--------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Q. Have you had the opportunity to attend a course following second level education?

Yes

No

If **YES** please give details in the next section

Previous Courses Attended

| Name of Centre / Institution Attended | Course Title | Duration | Full time / Part-time | Qualification (if awarded) |
|--|---------------------|-----------------|----------------------------------|---------------------------------------|
| | | | | |
| | | | | |
| | | | | |

Motivation

Why do you wish to take this course?

Special Interests?**EMPLOYMENT EXPERIENCE**

If you have worked outside the home, please list places of employment, most recent first:

| Name & Address of Employer | from | to | Nature of Duties |
|----------------------------|------|----|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

***In order to ensure that reasonable accommodation is made to assist you in your academic programme, please let us know if you have any long-term illness or disability.**

Yes:

No:

***If yes, please specify:**

Note: *Denotes optional answer(s). All information collected will be treated in strictest confidence.

| Name, Address, Telephone No. of two Referees: | |
|---|-------------|
| Referee (1) | Referee (2) |
| | |
| Tel No. | Tel No. |

Referee (2)

Tel No.

I declare that all the particulars supplied by me on this form are correct and that I will inform the College immediately if I decide not to proceed with my application at any time.

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](#)