



MIC

MARY IMMACULATE COLLEGE
COLÁISTE MHUIRE GAN SMÁL

AN OIFIG IONTRÁLA IARCHÉIME AMHÁIN:

Postgraduate Studies Application Form for Taught Postgraduate Programmes

- 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.
- To be completed by typing using **BLACK** font

Please email completed application form and academic transcripts to:

Email: TaughtProgrammes@mic.ul.ie

1 APPLICATION TO UNDERTAKE STUDY LEADING TO THE AWARD OF A

GradDip Taught MA MEd DECPsy

Other (Please Specify) _____

2 TITLE OF COURSE APPLIED FOR _____

Full-time Part-time

3a SURNAME _____

3b SURNAME _____

(as on birth certificate if different from above)

3c FIRST NAMES IN FULL _____

(as on birth certificate)

4 STUDENT ID NUMBER

(former MIC or University of Limerick students only)

--	--	--	--	--	--	--	--	--	--

5 PPS Number (Republic of Ireland students)

--	--	--	--	--	--	--	--	--	--

6 DATE OF BIRTH

DD MM YYYY

I identify my gender as: _____

7 NATIONALITY _____

8 ADDRESS FOR CORRESPONDENCE

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

Telephone Number _____

/ Mobile Number _____

Email Address _____

9 PERMANENT ADDRESS _____

(or that of next of kin)

Telephone Number _____

10 Have you paid the non-refundable APPLICATION FEE?
(please see MIC website for details)

Yes

No

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	NATURE OF WORK
from	to		
FULL NAME AND ADDRESS OF EMPLOYER			

(ii) PREVIOUS EMPLOYMENT

DATES		EXACT TITLE OF YOUR POST	NATURE OF WORK
from	to		
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

SIGNATURE OF APPLICANT _____

DATE _____

FOR OFFICIAL USE ONLY

DOES THIS APPLICANT NEED TO BE
(Please tick)

Interviewed		Accepted	Rejected	Pending
Yes <input type="checkbox"/>	No <input type="checkbox"/>			

COMMENTS

SIGNATURE	DATE
-----------	------