

Postgraduate Studies Application Form for <u>Taught</u> Postgraduate Programmes

- Do <u>not</u> 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

To be completed by typing using BLACK font

Please <u>email</u> completed application form and academic transcripts to:

Email: TaughtProgrammes@mic.ul.ie

APPLICATION FOR TAUGHT MA	A IN A	APPLIED LINGU	ISTICS	
January Start			September Start	
TITLE OF COURSE APPLIED FO	R			
		Full-Time On-Line	Part-Time On-Campus	Mix of Both
TITLE	3b	Surname		
SURNAME (as on birth certificate if different from all	bove)			
FIRST NAMES IN FULL (as on birth certificate)				
STUDENT ID NUMBER (Former MIC or UL students only)			PPS Number (ROI Students)	
DATE OF BIRTH		I IDENTIFY A	MY GENDER AS	
	January Start TITLE OF COURSE APPLIED FO TITLE SURNAME (as on birth certificate if different from a FIRST NAMES IN FULL (as on birth certificate) STUDENT ID NUMBER (Former MIC or UL students only) DATE OF	January Start TITLE OF COURSE APPLIED FOR TITLE 3b SURNAME (as on birth certificate if different from above) FIRST NAMES IN FULL (as on birth certificate) STUDENT ID NUMBER (Former MIC or UL students only) DATE OF	January Start TITLE OF COURSE APPLIED FOR Full-Time On-Line TITLE 3b SURNAME SURNAME (as on birth certificate if different from above) FIRST NAMES IN FULL (as on birth certificate) STUDENT ID NUMBER (Former MIC or UL students only)	TITLE OF COURSE APPLIED FOR Full-Time Part-Time On-Line On-Campus TITLE 3b SURNAME SURNAME (as on birth certificate if different from above) FIRST NAMES IN FULL (as on birth certificate) STUDENT ID NUMBER (Former MIC or UL students only) PPS Number (ROI Students)

6a

6C

NATIONALITY

6b COUNTRY OF BIRTH

	(If your correspondence details chamust notify us immediately in writemail)						
	Telephone Number / Mobile Number	er					
	Email Address						
	TERM ADDRESS (If different)						
	Telephone Number						
10	10 Have you paid the non-refundable APPLICATION FEE? Yes No (please see MIC website for details) Payment Ref ID:						
11	THIRD LEVEL EDUCATION						
	Names and Addresses of Institutions attended	Years of from	of study to	Major areas of Specialisation	Qualification	Class of Qualification*	Level of Qualification**

8 HOME ADDRESS

^{*} 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 find degree(s) results). Please note that MIC will offer <u>conditional</u> offers subject to submission of transcripts, where not available. Transcripts can be emailed to <u>TaughtProgrammes@mic.ul.ie</u> when they become available.
 Official results of examinations to be taken should be emailed to <u>TaughtProgrammes@mic.ul.ie</u> as soor as they are available.
Non-Irish graduates may be requested to forward syllabus and duration of undergraduate courses followed.
² PARTICULAR ABILITIES (special aptitudes, knowledge of languages including computer languages)
3 PUBLICATIONS AND RESEARCH INTERESTS
(list Publications, Reports and Dissertations with titles, date and subject and, where applicable, Journal title)
4 State briefly but explicitly the basis of your interest in postgraduate studies and how this relates to your caree
objectives

DATES		EXACT	EXACT TITLE OF YOUR POST		
from	to				
			NATURE OF WORK		
ULL NAME AND A	DDRESS OF EA	MPLOYER			
EVIOUS EMPLOY	MENT				
DATI	ΞS	EXACT	TITLE OF YOUR POST		
from	to				
			NATURE OF WORK		
ULL NAME AND A	.DDRESS OF EA	иPLOYER			
e vou previously a	pplied to MIC o	or UL to under			
			ied for and name(s) on application		
se state how the P	roaramme of S	tudv came to	o your attention. Please be specific giving title of newspo		
dia, webpage, wo					

	mention any condition of health or disability which could have a bearing on your studies
or which requires the	e provision of special facilities. You may use additional sheets if necessary.
•	culars given in relation to this application are in all respects true and I agree to be bound egulations of the University
DIGITAL SIGNATUR	'E
Type Name or Insert Sig	gnature JPEG/PNG
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

FOR OFFICIAL USE ONLY

DOES THIS APPLICANT NEED TO BE (Please tick)

Interviewed	Accepted	Rejected	Pending

COMMENTS	
SIGNATURE	DATE