



RESEARCH & GRADUATE SCHOOL OFFICE ONLY:

## Postgraduate Studies Application Higher Degrees by Research

- Questions 1-19 inclusive must be completed.
- Where appropriate, please put "none".
- Please do not leave blank spaces or insert dashes.
- To be completed electronically using Adobe Acrobat Reader DC.

Please return completed application form and academic transcripts via email to the Research and Graduate School Office, MIC. E-mail: [rgso@mic.ul.ie](mailto:rgso@mic.ul.ie)

Please address all queries to the above email address also.

1 APPLICATION TO UNDERTAKE STUDY LEADING TO THE AWARD OF:    Master's Degree            Doctoral Degree  
(Please tick appropriate box)

2 TITLE OF PROGRAMME (Please tick appropriate box and specify Department):

Master's by Research and Thesis (Faculty of Arts)		
Master's by Research and Thesis (Faculty of Education)		
PhD (Faculty of Arts)		
PhD (Faculty of Education)		
Structured PhD in Applied Linguistics		
Structured PhD in Contemporary Irish Studies		
Structured PhD in Education		
Structured PhD in Literacy Education		

3 STUDENT ID NUMBER: (If you are a former MIC or University of Limerick student)

4 PPS Number (Republic of Ireland only):

4a SURNAME:

4b SURNAME:

(as on birth certificate, if different from 4a)

5 OTHER NAMES IN FULL:  
(as on birth certificate)

6 DATE OF BIRTH:

6a I identify my gender as:

7 NATIONALITY:

8 ADDRESS FOR CORRESPONDENCE:

This address is valid until:

Daytime Telephone Number:

Mobile Phone Number:

Email Address:

**9 PERMANENT ADDRESS** (or that of next of kin):

Daytime Telephone Number:

Mobile Phone Number:

Email Address:

**10 THIRD LEVEL EDUCATION - Academic and Professional Qualifications:**

Names and Addresses of Institutions attended	Years of study from to	Major areas of Specialisation	Qualification	Class of Qualification (e.g. 1st Class Hons) and Final QCA (MIC & UL graduates only)
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Results pending – state examination to be taken and when results are expected:

**IMPORTANT: PLEASE SUBMIT THE FOLLOWING ORIGINAL MATERIAL TO RESEARCH & GRADUATE SCHOOL:**

- A transcript of your academic results to date from the Registrar of your university(s) to include your final degree(s) results.
- Official results of examinations to be taken should be submitted as soon as they are available.
- Applicants whose first language is not English must submit official evidence of English language competency e.g. satisfactory IELTS grade or TOEFL score. Other evidence of proficiency in English may be accepted; advice can be obtained from the Research and Graduate School.
- A final decision cannot be taken on your application until certified final results and certification of qualifications awarded are received by the Research & Graduate School.

**11 PUBLICATIONS AND RESEARCH INTERESTS:**

List Publications, Reports and Dissertations with titles, date and subject. Use separate sheet if necessary. Please tick if separate sheet is used

**12 PARTICULAR ABILITIES** (special aptitudes, knowledge of languages, computer skills etc.):

**13 ACADEMIC REFEREES** (Two referees required. At least one must be an academic referee):

Name:

Name:

Institution:

Institution:

Position:

Position:

Address:

Address:

Telephone:

Telephone:

E-mail address:

E-mail address:

**14 SIGNIFICANT PROFESSIONAL/INDUSTRIAL WORK EXPERIENCE:**

Please indicate the posts you have held in reverse chronological order. You may use additional sheets if necessary.  
Please tick if additional sheet is used

(i) Present or most recent employment

DATES		Exact title of your post:
From:	To:	
Full name and address of employer:		Nature of work:

(ii) Previous Employment:

DATES		Exact title of your post:
From:	To:	
Full name and address of employer:		Nature of work:

**15 State how you intend to finance your studies. Give details of any applications for grants/scholarships that you have made:**

**16** Have you previously applied to MIC or the University of Limerick to undertake postgraduate study?      Yes      No  
If 'yes' state year and specify programme applied for and name(s) on application.

**17** Please state how MIC came to your attention. Please give title of newspaper, media, website, word of mouth, other etc.

**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** PROPOSED RESEARCH PROGRAMME

The application process cannot proceed until a member(s) of faculty has agreed to act as supervisor for your thesis. Please name the Faculty member(s) who has agreed to be your Supervisor(s)

(i) Primary Supervisor:      Department:

(ii) Joint Supervisor:      Department:

(iii) Joint Supervisor:      Department:

(iv) Title of the Project:

(v) Proposed starting date:

(vi) Provide a 200 word summary of the research that you intend to undertake in the space provided below. In a separate appendix, please provide a detailed research proposal including sections on: Aims; Objectives; Motivation; Research Methodology and Project Description. Further information on how to prepare a Thesis proposal is available [here](#).

(v) Provide information relating to any specific research skills necessary to successfully pursue this research proposal, and the extent to which you possess these skills.

**20 DECLARATION**

I agree to be bound by the academic regulations of the University of Limerick

Yes No

I affirm that the I have read the Direct Student Application Data Privacy Notice. To read the notice, please click [here](#).

Yes No

I hereby give my consent to Mary Immaculate College to make inquiries to all referenced institutions/bodies to satisfy itself that the information I have supplied is true and correct

Yes No

Signature of Applicant:

Date:

**21 TO BE COMPLETED BY PROSPECTIVE SUPERVISOR(S)**

Primary Supervisor Name & Title:

Primary Supervisor Signature

Joint Supervisors (where applicable):

Name & Title

Name & Title

Institutional  
Affiliation

Institutional  
Affiliation

Signature

Signature

**22 CONFIRMATION OF THE RESEARCH PROPOSAL**

Signature of Head of Department **(Required)** Date

Signature of Course Coordinator **(SPHD programmes only)** Date

Dean of Faculty Signature Date  
**(Approval of Dean of Faculty is only required if the Head of Department is also the Supervisor)**



**For Official Use Only**



**Research & Graduate School Office**

**24 TO BE COMPLETED BY THE RESEARCH AND GRADUATE SCHOOL**

Equivalence of qualification(s) if obtained from an institution, or awarding body, other than the University of Limerick

	H1	H2	2H1	2H2	H3	Pass	Other
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Master's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

English language competency \_\_\_\_\_

minimum requirements to pursue

Master's Degree	Doctorate Degree
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments (if any): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 

DD	MM	YYYY							

**25 THIS SECTION TO BE COMPLETED BY GRADUATE SCHOOL DIRECTOR**

Interview	Comments (if any) on research potential																					
Please tick box below	_____																					
Yes <input type="checkbox"/>	_____																					
No <input type="checkbox"/>	Accept <input type="checkbox"/> Reject <input type="checkbox"/> Interviewed by	Date: <table style="display: inline-table; border: 1px solid black; text-align: center; width: 100px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> <tr> <td>DD</td><td>MM</td><td>YYYY</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											DD	MM	YYYY							
DD	MM	YYYY																				
Language: specify language in which thesis is to be presented																						

Qualifying requirements (if applicable) to be completed by applicant's internal supervisor.

This section to be completed only in cases where the postgraduate research student is required to complete modules specified by the supervisor, either as a necessary component of the course of study, or as a qualifying requirement.

Autumn	Minimum Grade	Spring	Minimum Grade
Minimum QCA		Minimum QCA	
		Cumulative QCA	
		<b>TOTAL CREDITS</b>	

**26 Signature of Chair of Postgraduate Research Sub-Committee**

Date: