



UNIVERSITY *of* LIMERICK

O L L S C O I L L U I M N I G H

Postgraduate Studies Application Taught Postgraduate Programmes

- All questions must be answered.
Where appropriate, please insert "none".
Please do not leave blanks or insert dashes.

- Please return completed application form and examination results to the:

- To be completed by typing or in
BLOCK LETTERS using BLACK ink.

Admissions Office
University of Limerick
Limerick, Ireland

1 APPLICATION TO UNDERTAKE
STUDY LEADING TO THE AWARD
OF A

GradDip

MA

MBA

MBS

MEng

MSc

MEd

MTech

PhD

Other (Please Specify) _____

2 TITLE OF COURSE APPLIED FOR
1st Preference

(specify full-time/part-time)

Full-time

Part-time

2nd Preference

(specify full-time/part-time)

Full-time

Part-time

3a SURNAME

3b SURNAME

(as on birth certificate if different from above)

REGISTRATION NUMBER

(former University of Limerick students only)

4 OTHER NAMES IN FULL

(as on birth certificate)

5 DATE OF BIRTH (dd/mm/yy)

6 COUNTRY OF BIRTH

7 ADDRESS FOR

CORRESPONDENCE

DAYTIME TELEPHONE NUMBER

8 PERMANENT ADDRESS

(or that of next of kin)

TELEPHONE NUMBER

9 SECOND LEVEL EDUCATION

Names and addresses of schools attended	Years of Study	
	from	to

Leaving Certificate or final examinations taken	Examination Dates	Subjects Passed	Level	Results/ Grades or Mark

10 THIRD LEVEL EDUCATION

Names and Addresses of Institutions Attended	Years of Study		Major Areas of Specialisation	Qualification	Class of Qualification* (eg 1 st Class Honours)
	from	to			

Examination 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 SUBMITTED TO THE ADMISSIONS OFFICE.

- A transcript of your academic career 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.
- Non-Irish graduates should forward syllabus and duration of the undergraduate courses followed.

* including terminal QCA for University of Limerick graduates

11 PARTICULAR ABILITIES
(special aptitudes, knowledge of languages including computer languages)

12 PUBLICATIONS AND RESEARCH INTERESTS
(list Publications, Reports and Dissertations with titles, date, subject and, where applicable, Journal title)

13 State briefly but explicitly the basis of your interest in postgraduate studies and how this relates to your career objectives.

14 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			

15 ACADEMIC REFEREES

NAME	INSTITUTION		
ADDRESS			
	POSITION		
TELEPHONE	EMAIL ADDRESS		

NAME	INSTITUTION		
ADDRESS			
	POSITION		
TELEPHONE	EMAIL ADDRESS		

16 How do you intend to finance your studies?

17 Have you previously applied to the University to undertake Postgraduate Study? Yes No
 If "yes" state year and specific programme applied for and name(s) on application.

18 Please state how the Programme of Study came to your attention.

19 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.

20 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

21 DOES THIS APPLICANT NEED TO BE
(Please mark with 'x')

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

COMMENTS

SIGNATURE	DATE
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Additional Sheet (if required)

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