



Access / Disability Requirements Graduation 2017

Please complete this form if you or your guests require disability parking/seating for the Graduation.

Name: _____ Student I.D. Number: _____

Tel No: _____ Address: _____

Please indicate at which ceremony you graduate

Thursday, 26th October @ 3.00pm ☐

Friday, 27th October @ 10.00 am ☐

Friday, 27th October @ 3:00pm ☐

Saturday, 28th October @ 10.am ☐

Parking:

Do you or your guests require a disability parking bay?

Yes ☐ No ☐

If YES, please provide us with a copy/scan of the permit and the car registration details.

Car Registration No: _____

Non-permit holders: We will try to accommodate non-holders of a disability permit where possible. Please outline below the reasons for requesting parking facilities.

Seating:

There is a designated area for wheelchair users. Please advise if your guest(s) will be requiring this facility.

Yes ☐ No ☐

If yes, there is reserved seating for guests accompanying the wheelchair user. Please indicate below the number of guests accompanying the wheelchair user.

Student Signature: _____ Date: _____

This form must be completed and returned before **Wednesday 18th October 2017**

Access Office, Mary Immaculate College, South Circular Road, Limerick.

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