



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 by typing or printing in **BLOCK LETTERS** using **BLACK** ink.

- Please return completed application form and academic transcripts to:

The Admissions Office
Mary Immaculate College
South Circular Road
Limerick.

Tel: 353-61-204929/204348
Fax: 353-61-204903
E-mail: admissions@mic.ul.ie

- 1 APPLICATION TO UNDERTAKE STUDY LEADING TO THE AWARD OF (Please tick appropriate box and specify full-time or part-time):

<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
<input type="checkbox"/> Doctorate Degree	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time

- 2 TITLE OF QUALIFICATION SOUGHT (Please tick appropriate box):

LLM <input type="checkbox"/>	MA <input type="checkbox"/>	MBS <input type="checkbox"/>	MEd <input type="checkbox"/>	MEng <input type="checkbox"/>	MSc <input type="checkbox"/>	MTech <input type="checkbox"/>	PhD <input type="checkbox"/>
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Other (Please Specify): _____

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- 4 PPS Number (Republic of Ireland students)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4a SURNAME: _____

4b SURNAME: _____
(as on birth certificate, if different from the above)

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

6 DATE OF BIRTH:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD		MM		YYYY			

6a Gender F ☐ M ☐

7 NATIONALITY: _____

8 ADDRESS FOR CORRESPONDENCE

This address is valid until

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD		MM		YYYY			

9 PERMANENT ADDRESS
(or that of next of kin)

Daytime Telephone Number: _____

Mobile Phone Number: _____

Email Address: _____

Telephone Number: _____

Email Address: _____

10 THIRD LEVEL EDUCATION - Academic and Professional Qualifications

Names and Addresses of Institutions attended	Years of study		Major areas of Specialisation	Qualification	Class of Qualification (eg 1st Class Hons) and Final QCA attained (UL graduates only)
	from	to			

Examination to be taken or results pending - please indicate date when results are expected

IMPORTANT: APPLICANTS OTHER THAN UNIVERSITY OF LIMERICK GRADUATES PLEASE SUBMIT FOLLOWING ORIGINAL MATERIAL TO POSTGRADUATE ADMISSIONS:

- 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. Often evidence of proficiency in English may be accepted; advise can be obtained from Postgraduate Admissions, UL.
- A final decision cannot be taken on your application until certified final results and certification of qualifications awarded are received by Postgraduate Admissions, UL.

11 PUBLICATIONS AND RESEARCH INTERESTS

List Publications, Reports and Dissertations with titles, date and subject and, where applicable, Journal title. 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 (at least one must be an academic referee)

Name	Institution
Address	
Position	
Telephone	E-mail address
Mobile Telephone	

Name	Institution
Address	
Position	
Telephone	E-mail address
Mobile Telephone	

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 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 U.L. 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

You are strongly advised to discuss your research proposal with a member of faculty in the department to which you are applying. If you have done this please give the name.

(i) Name of Faculty Member: _____

(ii) Title of project: _____

(iii) Proposed starting date: _____

(iv) Provide a detailed proposal of the research that you intend to undertake (on separate sheets if necessary). This should include sections on: Aims; Objectives; Research Methodology and Project Description. Please tick if additional sheet is used. ☐

[illegible]

(v) Provide information relating to your ability in any research skills necessary to successfully pursue this research proposal.

20 DECLARATION

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

DD		MM		YYYY			

Postgraduate Studies

21 TO BE COMPLETED BY POST GRADUATE ADMISSIONS

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 _____							

22 THIS SECTION TO BE COMPLETED BY ASSISTANT DEAN, RESEARCH

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 _____
Language: specify language in which thesis is to be presented		Date	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">DD</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">MM</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">YYYY</div> </div>

Qualifying requirements (if applicable) to be completed by applicants 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	
		TOTAL CREDITS	

23 TO BE COMPLETED BY HEAD(S) OF DEPARTMENT

Internal Supervisor:	NAME _____
	TITLE _____
Joint Supervisors: (where applicable)	NAME _____
	TITLE _____
	NAME _____
	TITLE _____

24 CONFIRMATION OF THE RESEARCH PROPOSAL

_____ Signature of Head of Department	Date	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DD</td><td>MM</td><td colspan="6">YYYY</td> </tr> </table>									DD	MM	YYYY					
DD	MM	YYYY																

25 RESOURCES

To be completed by Heads of Department and Research Centre Director(s). Confirm availability of the resources necessary for this research proposal.

Department/Research Centre _____

Funding Source _____

If funded by an external body, has a postgraduate agreement been put in place

yes ☐ no ☐

Non-EU Fees yes ☐ no ☐

Student's Fees to be provided yes ☐ no ☐

Maintenance to be provided yes ☐ no ☐

If yes in either case, specify account no(s) _____

Specify commencement and completion dates:

Commencement Completion

26 APPROVAL BY ASSISTANT DEAN, RESEARCH

Please specify

Title of qualification approved _____ Full-time ☐ Part-time ☐

Conditions (if any) _____

Signature _____ Date

DD	MM	YYYY					

27 Signature of Dean, Graduate Studies

Date

DD	MM	YYYY					