



**Limerick Institute of Technology
Institiúid Teicneolaíochta Luimnigh**

**RESEARCH & THESIS
POSTGRADUATE APPLICATION FORM
2008/2009**

Attach Photo Here

Completed application form must be returned to:
The Admissions Office, Limerick Institute of Technology, Moylish Park, Limerick

- ◆ Please read the enclosed information sheet before completing this form
- ◆ In cases where there are an insufficient number of applicants for courses, such courses may not be offered.

FOR OFFICE USE ONLY		
Offer: Yes <input type="checkbox"/> No <input type="checkbox"/> Course: Signed: Head of Dept/School	Date Ack'd:/...../..... Fee Amount: £ Giro No:	Funding: (Please specify: GTP, Forbairt, etc.) Start Date: Finish Date: Signed: Supervisor

1. PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

SURNAME: _____ **FIRST NAME(S):** _____

HOME ADDRESS _____

TEL NO: (Home) _____ (Work) _____

SEX	DATE OF BIRTH	NATIONALITY	COUNTRY OF BIRTH	CAO NUMBER	P.P.S. NO.
M OR F <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DD MM YY				

Address for Correspondence
(if different from above) _____

Tel No _____ **UNTIL (Please give date)** _____

2. COURSE APPLICATION

Please enter the title of the programme of study to which you are seeking admission.

	TITLE OF COURSE	
1		

3. SPECIAL NEEDS

Do you consider yourself to have a disability or significant health problem which will require a specific support mechanism during your period of study? If so please give details below: (use additional sheets if necessary)

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4. THIRD LEVEL EDUCATION

a) COURSE(S) ATTENDED

Please enter details of the course(s) you are attending/have attended – in University, Institute of Technology or other Third Level College

NAME OF COLLEGE	COURSE	DATES	
		FROM	TO

b) EXAMINATIONS TAKEN/TO BE TAKEN

EXAMINING BODY	EXAMINATION	RESULT	YEAR

- (I) Applicants who expect to take examinations in 2008 should complete Section 4(b) and write “pending” under results.
- (II) Full Certified transcripts of examinations already passed/qualifications achieved should be attached to this application form.
- (iii) If you have not yet obtained examination results, you should forward a detailed transcript to the Admissions office as soon as the results become available. **Failure to forward a detailed transcript will prevent the processing of your application.**

5. EMPLOYMENT EXPERIENCE (if applicable)

Please give details of any relevant full-time employment since leaving second- level school and attach documentary evidence from your employer outlining the type of work undertaken and duration of employment. (Use additional sheets if necessary)

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6. DECLARATION

I declare that

- a) the information given by me in this application is true and accurate.
- b) I authorise Limerick Institute of Technology to seek any relevant transcripts of results from other Institutions which are necessary for the processing of this application.
- c) I authorise Limerick I.T. to contact past/present employers to seek clarification where sufficient information relating to my work experience is not supplied by me.
Yes No Please tick
- d) If I am admitted as a student, I will abide by the Regulations of Limerick Institute of Technology.

SIGNED:

DATE:

NOTE EACH SECTION ON THIS APPLICATION FORM MUST BE FULLY COMPLETED BEFORE IT CAN BE PROCESSED