



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 examination results to:
Postgraduate Admissions Tel. +353-61-234377
Graduate School Fax. +353-61-233287
Foundation Building Web: www.graduateschool.ul.ie
University of Limerick
Limerick, Ireland

1 APPLICATION TO UNDERTAKE STUDY LEADING TO THE AWARD OF (Please put Y in the 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 put Y in the appropriate box):

LLM <input type="checkbox"/>	MA <input type="checkbox"/>	MArch <input type="checkbox"/>	MBS <input type="checkbox"/>	MChir <input type="checkbox"/>	MD <input type="checkbox"/>	MEd <input type="checkbox"/>	MEng <input type="checkbox"/>	MSc <input type="checkbox"/>
MTech <input type="checkbox"/>	PhD <input type="checkbox"/>	S PhD* <input type="checkbox"/>						

*If Structured PhD (S PhD) Please Specify Programme Title : _____

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

4 PPS Number (Republic of Ireland students)

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:
DD MM YYYY

6a Gender F M

7 NATIONALITY: _____

8 ADDRESS FOR CORRESPONDENCE
This address is valid until
DD MM YYYY

9 PERMANENT ADDRESS
(or that of next of kin)

Telephone Number: _____

Telephone Number: _____

Mobile Number: _____

Mobile Number: _____

Email Address: _____

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 (e.g. 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

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12 PARTICULAR ABILITIES

(special aptitudes, knowledge of languages, computer skills etc.)

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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 to be undertaken (on separate sheets if necessary). This should include a section on Aims; Objectives; Research Methodology and Project Description. For Science & Engineering proposals please use the following headings: Background; Objectives; Work to be done; Methods to be used; Novel aspects; Scientific or Engineering theoretical issue(s) addressed; proposal to be a maximum of 2 pages. Please tick if additional sheet(s) are used.

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

20 Personal information provided to the University will be treated with the highest standards of security and confidentiality in accordance with the Data Protection Acts 1988 & 2003. The information provided on this form will be held and used for the purpose of processing your application for study.

I confirm that the information provided in this application form is true and correct and that any supporting documentation submitted with my application is genuine. I understand that the University of Limerick may cancel my application, withdraw or amend its offer or terminate my registration at the University if any aspect of my application is found to be falsified.

I hereby give my consent to the University of Limerick to make enquiries to all referenced institutions / bodies to satisfy itself that the information I have supplied in this application is true and correct.

Signature of Applicant: _____

Date

DD		MM		YYY					



For Official Use Only: Research Postgraduate Approval

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

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	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																							
No	Accept	Reject	Interviewed by																				
Language: specify language in which thesis is to be presented			Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2">DD</td> <td colspan="2">MM</td> <td colspan="4">YYYY</td> <td colspan="2"></td> </tr> </table>											DD		MM		YYYY					
DD		MM		YYYY																			

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 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 expected commencement and completion dates:

Commencement

Completion

24 THIS MUST BE COMPLETED BY THE SUPERVISOR(S)

Internal Supervisor: Title & Name _____

Signature _____ Date _____

Joint Supervisors: Title & Name _____

(where applicable) Signature _____ Date _____

Title & Name _____

Signature _____ Date _____

25 CONFIRMATION OF THE RESEARCH PROPOSAL THIS MUST BE COMPLETED BY THE HEAD OF DEPARTMENT(S)

Title & Name _____

Signature _____ Date _____

26 APPROVAL BY ASSISTANT DEAN, RESEARCH

Please specify

Title of qualification approved _____ Full-time Part-time

Conditions (if any) _____

Signature _____ Date _____

27 SIGNATURE OF DEAN GRADUATE SCHOOL

Signature _____ Date _____