



UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

OIDEACHAS LEANÚNACH & GAIRMIÚIL
CONTINUING & PROFESSIONAL EDUCATION

061 202530 | cpe@ul.ie | www.ul.ie/cpe

NAME OF PROGRAMME YOU ARE APPLYING FOR:

1ST Preference: _____

2nd Preference: _____

Former UL ID Number, if known or name you applied under (*e.g. maiden name etc...*) _____

ALL FIELDS MUST BE COMPLETED (please use BLOCK LETTERS)

PERSONAL DETAILS:

Mr/Mrs/ etc... _____ Gender: Male ☐ Female ☐

Date of Birth: _____ PPS Number: _____
(*dd/mm/yyyy*)

Country of Birth: _____ Nationality: _____

First Name(s): _____ Last Name: _____

Name on Birth Certificate: (*if different from above*) _____

Permanent Address: (*used in all correspondence*) _____

Telephone Number(s): (1) _____ (2) _____

Email Address: _____

Do you wish to receive SMS text messages? Yes ☐ No ☐

Name of Last Institution Attended: _____

Year of Last Institute Attended: (*yyyy*) _____

If attending UL, indicate your 'Term-Time' type of residence from one of the following:

Parental Home ☐ Own House/ Apt ☐ Rented Accom. ☐ College Accom. ☐ Other ☐

Please state how UL came to your attention: (*Please give title of newspaper, media website, radio station, word of mouth, other etc...*) _____

EDUCATIONAL DETAILS:

Copies of certs, transcripts, must be included with application, for the qualifications listed below.

(1) Highest Qualification Attained:

(Postgrad., Degree, Diploma, Cert., Leaving Cert...)

Name of Institution Attended:

Address of Institution:

Years of Study:

(dd/mm/yyyy)

From:

To:

Name of Programme:

Qualification Obtained:

(1st, 2.1, Dist. Merit, Pass...)

(2) Primary Degree / Other Qualification:

(Postgrad., Degree, Diploma, Cert., Leaving Cert...)

Name of Institution Attended:

Address of Institution:

Years of Study:

(dd/mm/yyyy)

From:

To:

Name of Programme:

Qualification Obtained:

(1st, 2.1, Dist. Merit, Pass...)

(3) Other or Second Level Education: *(Give details if no formal, accredited third level qualifications)*

Name of Institute Attended:

Address of Institute:

Years of Study:

(dd/mm/yyyy)

From:

To:

Qualification Obtained:

(Leaving Cert. etc...)

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 needs. *(You may use additional sheets if necessary).*

EMPLOYMENT DETAILS:

Current / Last Employer Name: _____

Address: _____

Start / Finish Dates : **From:** _____ **To:** _____
(dd/mm/yyyy)

Brief Job Description: _____

Contact Person/Ref.: **Name:** _____ **Tel:** _____

ADDITIONAL INFORMATION / SUPPORTING STATEMENT / RELEVANT EMPLOYMENT HISTORY:

(You may use additional sheets if required and enclose your CV or Résumé).

ITEMS TO BE RETURNED WITH APPLICATION:

POSTAL ADDRESS: **Application form to be returned to:**
Continuing & Professional Education, University of Limerick, Limerick

CHECKLIST:

- ✓ Completed, Signed and Dated Application Form.
- ✓ Copy of Certificates, Transcripts, etc...
- ✓ Identification with Photo – Copy of Passport and/or Driving Licence etc...
- ✓ Application Fee: Cheques, Postal Orders etc..., to be made payable to **UNIVERSITY OF LIMERICK**
- ✓ CV / Résumé, if applicable.

NOTE: Original and/or further documentation may be requested at any time, (e.g. Educational and Employment References, copy of English Language Proficiency, Fee Status documentation - (EU/Non-EU fee status classification and fees regulations are available through the Fees Office, on: <http://www.ul.ie/finance/fees.php>))

READ STATEMENTS BELOW AND SIGN YOUR APPLICATION:

Data Protection / Privacy Statement

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.

Applicant Declaration

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 have been falsified.

Consent to Verify Qualifications / Work Experience

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.

SIGNED: _____ **DATE:** _____

OFFICIAL USE ONLY: To be completed by Programme Director / Tutor

Is this applicant to be interviewed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this applicant to be offered a place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If conditional offer, please specify: _____

If unsuccessful, please comment: _____

Authorised by: _____ **Date:** _____