



**UNIVERSITY OF  
LIMERICK**  
OLLSCOIL LUIMNIGH

POSTGRADUATE ADMISSIONS OFFICE ONLY:

## 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,  
Graduate School,  
Graduate & Professional Studies,  
Level 2 Engineering Research Building  
University of Limerick  
Limerick, Ireland V94 T9PX

**Tel:** +353-61-234377

**Fax:** +353-61-233287

**Web:** www.ul.ie/gps

**1 APPLICATION TO UNDERTAKE STUDY LEADING TO THE AWARD OF:**

Master's Degree	Full-time	Part-time
Doctorate Degree	Full-time	Part-time

**2 TITLE OF QUALIFICATION SOUGHT:**

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

\*If Structured PhD (S PhD)/Structured Master's 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:** \_\_\_\_\_

**6a Gender:** F M

**7 NATIONALITY:** \_\_\_\_\_

**8 ADDRESS FOR CORRESPONDENCE:**

**MUST INCLUDE EIRCODE / POSTCODE WHERE APPLICABLE**

This address is valid until: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**9 PERMANENT ADDRESS:** (or that of next of kin)

**MUST INCLUDE EIRCODE / POSTCODE WHERE APPLICABLE**

Telephone Number: \_\_\_\_\_

Mobile 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 (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 the following original documents to Postgraduate Admissions Office:

- 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, TOEFL score or primary and/or master's degree qualifications undertaken through the medium of English which may be accepted; advice 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. Please tick if additional sheet(s) are 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. Please tick if additional sheet(s) are used.

(i) Present or most recent employment

DATES

From \_\_\_\_\_ To \_\_\_\_\_

Exact title of your post

Full name and address of employer

Nature of work (Max. 350 Characters)

(ii) Previous Employment

DATES

From \_\_\_\_\_ To \_\_\_\_\_

Exact title of your post

Full name and address of employer

Nature of work (Max. 350 Characters)

**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 the 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. (Max. 430 Characters)

**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. (Max. 430 Characters) Please tick if additional sheet(s) are used.

**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. (Max. 2500 Characters) 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. (Max. 520 Characters)

**20 Data Protection:** We will process your Personal Data in accordance with our Student Privacy Notice which can be accessed <https://ulsites.ul.ie/corporatesecretary/student-privacy-notice> or by browsing to [www.ul.ie/dataprotection](http://www.ul.ie/dataprotection). We will rely on our contract with you and your consent as legal bases to process your personal data. Your Personal Data will be held by the University of Limerick in manual and in electronic format and used for the purpose of processing your application to study and communication during your time of study and will not be used for any other purpose or shared with any third parties.

I confirm that I have read and understood the terms of UL Student Privacy Notice.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**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 on the programme if any aspect of my application is found to be falsified.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent to verify qualifications:** 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 is true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Research Postgraduate Approval:**

**21 THIS MUST BE COMPLETED BY THE SUPERVISOR(S)**

Primary Supervisor:	
Title & Name:	_____
Signature:	_____ Date: _____
Joint Supervisor: (where applicable)	
Title & Name:	_____
Signature:	_____ Date: _____
Title & Name:	_____
Signature:	_____ Date: _____

**22 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: \_\_\_\_\_

**23 CONFIRMATION OF THE RESEARCH PROPOSAL THIS MUST BE COMPLETED BY THE HEAD OF DEPARTMENT/SCHOOL(S).** Where the research is undertaken on an interfaculty basis, both of the relevant Heads of Dept/School must sign below.

Title & Name:	_____
Signature:	_____ Date: _____
Title & Name:	_____
Signature:	_____ Date: _____

**24 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
Bachelor's Degree							
Master's Degree							
Other _____							
English language competency	_____						
Minimum requirements to pursue	Master's Degree				Doctorate Degree		
	Yes		No		Yes		No
Comments (if any)	_____						
Signature: _____				Date: _____			

**25 THIS SECTION TO BE COMPLETED BY ASSISTANT DEAN, RESEARCH**

Interview Yes No Interviewed by: \_\_\_\_\_

Comments (if any) on research potential

Accept Reject Date: \_\_\_\_\_

Language: specify language in which thesis is to be presented

Qualifying requirements (if applicable) to be completed by applicants primary supervisor.  
 This section is 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	
		<b>TOTAL CREDITS</b>	

**26 APPROVAL BY ASSISTANT DEAN, RESEARCH, where the research is undertaken on an interfaculty basis, both of the relevant Assistant Dean's Research must sign below.**

Title of qualification approved \_\_\_\_\_ Full-time Part-time  
 Conditions (if any) \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title of qualification approved \_\_\_\_\_ Full-time Part-time  
 Conditions (if any) \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**27 SIGNATURE OF DEAN GRADUATE & PROFESSIONAL STUDIES**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_