



UNIVERSITY of LIMERICK
OLLSCOIL LUIMNIGH

Student Name: _____ **ID number:** _____

Faculty: _____ **Department:** _____

Please tick as appropriate:

The aforementioned student, in fulfilment of the requirement of the Masters Qualifier (MQ5000), has completed the prescribed number taught and project modules listed below and attained a minimum cumulative QCA of greater than or equal to 3.00. Please tick as appropriate: Yes No

A copy of the Masters Qualifier transcript of results should be attached to this form.

Module Code: _____ **Module Title:** _____

Module Code: _____ **Module Title:** _____

Module Code: _____ **Module Title:** _____

Module Code: _____ **Module Title:** _____

Module Code: _____ **Module Title:** _____

Module Code: _____ **Module Title:** _____

Supervisor:

Name: _____ Signature: _____ Date: _____

Joint supervisor:

Name: _____ Signature: _____ Date: _____

Head of Dept:

Name: _____ Signature: _____ Date: _____

Assistant Dean Research:

Name: _____ Signature: _____ Date: _____

The completed form should be returned to the Student Academic Administration Office.