



**For office use only** UL ID NUMBER:

Please refer to Application Guidelines before completing this form. Completed forms to be returned to: International Education Division, University of Limerick, Limerick, Ireland. international@ul.ie.

## 1. Course Choices

List courses for which you wish to be considered in order of preference.

1<sup>ST</sup> PREFERENCE

2<sup>ND</sup> PREFERENCE

TICK THE SECTION WHICH IS RELEVANT TO YOU: MATURE APPLICANT  TRANSFER APPLICANT  NON-APPLICABLE

ARE YOU APPLYING THROUGH AN EDUCATION AGENT? YES  NO

IF YES, ENTER AGENCY NAME HERE:

## 2. Contact Details

SURNAME

FORENAME

TITLE MR/MRS/MS ETC.

GENDER F  M  Non-Binary

ADDRESS FOR CORRESPONDENCE

PERMANENT HOME ADDRESS (IF DIFFERENT)

TELEPHONE (DAY)

TELEPHONE (EVENING)

E-MAIL

MOBILE NUMBER

DO YOU WISH TO RECEIVE SMS TEXT MESSAGES YES  NO  (ALL COMMUNICATION WILL BE WITH REGARD TO YOUR APPLICATION)

UL ID: (IF FORMER UL APPLICANT/STUDENT)

## 3. Date of Birth

DATE OF BIRTH (DDMMYY)

## 4. EU Fee Status

NATIONALITY:  COUNTRY OF BIRTH:

HAVE YOU BEEN RESIDENT WITHIN THE EU FOR 3 OUT OF THE LAST 5 YEARS YES  NO

### 5. Second Level Education (if applicable)

QUALIFICATION	SUBJECTS (INC. LEVEL)	MARK/GRADE
NAME & ADDRESS OF SCHOOL (incl. country)		
DATES From: _____ To: _____		

### 6. Post Second Level Education: Certificate(s), Diploma(s), Degree(s) (if applicable).

List in order of most recent

NAME & ADDRESS OF INSTITUTION	COURSE TITLE:  Qualification Obtained:    Class of Qualification (e.g. 1st, 2.I, Distinction, Merit, Pass etc..)
Years of Study: From: _____ To: _____	

NAME & ADDRESS OF INSTITUTION	COURSE TITLE:  Qualification Obtained:    Class of Qualification (e.g. 1st, 2.I, Distinction, Merit, Pass etc..)
Years of Study: From: _____ To: _____	

NAME & ADDRESS OF INSTITUTION        Years of Study: From:    To:	COURSE TITLE:  Qualification Obtained:    Class of Qualification (e.g. 1st, 2. I, Distinction, Merit, Pass etc..)
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### 7. Non Certificate Courses (if applicable)

Please give details of relevant non-certificate/extra mural courses you have completed or are currently attending, e.g. personal development, arts and crafts, creative writing etc.

COURSE TITLE	NAME AND ADDRESS OF INSTITUTION	DATES FROM:	TO:

### 8. English Language Proficiency (if applicable)

If English is not your 1st language you must provide evidence of English Language competence. Please give details of the English Language Qualification(s) you hold and submit with your Application.

EXAMINATION	GRADE

**Please Note:**

You must provide certified photocopies of any qualifications/courses (listed above) showing all subjects taken and results achieved. A certified copy is one that has been verified as a true copy of the original by an appropriate person/authority, colleges, solicitor etc.

## 9. Employment

Give details in chronological order of relevant work experience.

1. JOB TITLE	Nature of Work / Responsibilities / Skills:
DATES: FROM TO	
NAME & ADDRESS OF EMPLOYER:	

2. JOB TITLE	Nature of Work / Responsibilities / Skills:
DATES: FROM TO	
NAME & ADDRESS OF EMPLOYER:	

## 10. Voluntary Work (if applicable)

1. JOB TITLE	Nature of Work / Responsibilities / Skills:
DATES: FROM TO	
NAME & ADDRESS OF EMPLOYER:	

## 11. References

Please give names and addresses of 2 persons not related to you whom the University may approach for references

NAME: -----	NAME: -----
POSITION IN ORGANISATION: -----	POSITION IN ORGANISATION: -----
ADDRESS: -----	ADDRESS: -----
TEL. NO: -----	TEL. NO: -----

## 12. Hobbies or Interests

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## 13 Additional information

Please describe below why you wish to pursue a degree course. Add any additional information you feel will support your application.  
(Please use additional sheets of paper if required)

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# Checklist

For your application to University of Limerick to be complete you must have:

1. Return the completed application form (You are advised to keep a copy of your application for your records)
2. Copy of certified examination results
3. Copy of Birth Certificate or Passport
4. Include a copy of medical/disability documentation (Only for applicants with a disability who require specific support)
5. Copy of English Language proficiency if applicable

## 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 is true and correct.

Signed:

Date:

This application is an expression of interest in undergraduate course(s) for which you have applied. It does not constitute a contract between the applicant and the University. It is practise to destroy all documents relating to unsuccessful applications at the end of current academic year. Unsuccessful applicants who wish to receive feedback on their application are required to make a written request to the Admissions office, University of Limerick.