ucc

Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

EU Postgraduate Studies Application
<u>Taught Masters & Higher Diploma Programmes</u>

- Please Note: This application form applies to EU Applicants ONLY. If you are a <u>Non-EU applicant</u> , please contact the International Education Office, Telephone:00 353 21 4901828 or E-mail: internationalpostgrad@ucc.ie.

- All questions must be answered.
  Where appropriate, please insert "none".
  Please do not leave blanks or insert dashes.

- To be completed by typing or using BLOCKLETTERS in BLACK ink.

- A non-refundable application fee of €35 is applicable for ALL taught courses. A bank draft or postal order for this amount must be made payable to University College Cork. Cash will <u>not</u> be accepted.

- Please return completed application form (and documentation where applicable) to:

  Postgraduate Admissions,
  University College Cork, Ireland

**Postgraduate Admissions, University College Cork, Ireland. Tel +353-21-4902645
Fax +353-21-4903233   E-mail postgrad@ucc.ie   Website: www.ucc.ie/postgraduate/**

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1. **APPLICATION TO UNDERTAKE STUDY LEADING TO THE AWARD OF A** (please tick appropriate box)

Higher Diploma ☐	MA ☐	MCoun ☐	MEd ☐	MEd Science ☐	MMus Performance ☐	MSW ☐	MSocSc ☐	MBA ☐	MBS ☐
MEconSc ☐	LLB ☐	LLM ☐	MSc Faculty of Science ☐	MSc in Food Science And Technology ☐	MEngSc ☐	MSc Faculty of Medicine ☐	MDPH Masters in Dental Public Health ☐	MMedSc ☐	Masters Qualifying Exam ☐

OTHER (please specify): _____

2. **TITLE OF COURSE YOU WISH TO APPLY FOR:** _____

_____

IN THE DEPARTMENT OF: _____

Full-time ☐   **Part-time** ☐   **(Please tick appropriate box)**

3. **STUDENT NUMBER:** ☐☐☐☐☐☐☐☐ (UCC Applicants ONLY, please insert number as on ID Card)

4a. **SURNAME:**_____
    (as on Birth Certificate)

4b. **SURNAME:**_____
    (if different from above e.g. married name – which you wish to use on all correspondence)

5. **OTHER NAMES IN FULL:** _____
   (as on birth certificate)

6. DATE OF BIRTH:

DD	MM	YY

7. PLACE AND COUNTRY OF BIRTH:_____

8. NATIONALITY: _____

9. *SEX: FEMALE ☐ MALE ☐
*For statistical purposes only, NOT part of the selection process

10. ADDRESS FOR CORRESPONDENCE:
(please specify dates when relevant)

_____

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PERMANENT ADDRESS:
(or that of next of kin – this address will be used at all times other than the dates stated on the left)

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TELEPHONE NUMBER: (Work)_____**(Home)** _____

MOBILE PHONE NUMBER: _____   **E-MAIL ADDRESS:** _____

FAX NUMBER: _____

11. SECOND LEVEL EDUCATION

Name and Address of school(s) attended	Years of Study	
	From	To

Leaving Certificate or Final examinations taken	Examination Dates	Subjects Passed	Level	Results/Grades or Mark

12. THIRD LEVEL EDUCATION

Name and Address of Institution(s) Attended	Years of Study		Major Areas of Specialisation	Qualification	Class of Qualification (e.g. 1st Class Honours)
	From	To			

Examination to be taken or results pending – please indicate date when results are expected.

Other academic/professional qualifications

Name and Address of Institution(s) Attended	Years of Study		Major Areas of Specialisation	Qualification and Awarding Body	Class of Qualification (if applicable)
	From	To			

13. PARTICULAR ABILITIES (special aptitudes, knowledge of languages, computer and IT skills)

14. State briefly the basis of your interest in postgraduate studies and how this relates to your career objectives

15. SIGNIFICANT PROFESSIONAL/INDUSTRIAL EXPERIENCE (including present post if applicable)
   Give full details in reverse chronological order, of all relevant professional and/or industrial/business experience obtained, particularly the duration and nature of the work, whether full-time or part-time, the level of responsibility, the reason for leaving and the full names and addresses of employers, (if insufficient room, attach details on an additional sheet).

Present or Most Recent Employment

Dates		Exact Title of your Post:
From	To	
Full Name and Address of Employer		**Nature of Work**

Dates		Exact Title of your Post:
From	To	
Full Name and Address of Employer		**Nature of Work**

16. NON-UCC APPLICANTS, PLEASE PROVIDE THE NAMES OF TWO REFEREES (at least one should be an academic referee). Please ensure that referees reports/letters are forwarded to the Postgraduate Admissions Office. The Postgraduate Admissions Office, if needs be, will assume permission to contact referees unless the applicant has stated otherwise. Referees Reports are not necessary in respect of Higher Diploma Courses unless specifically requested on the specific literature pertaining to the course.

NAME	INSTITUTION
ADDRESS	
	POSITION
TELEPHONE	**EMAIL ADDRESS**

NAME	INSTITUTION
ADDRESS	
	POSITION
TELEPHONE	**EMAIL ADDRESS**

17. SOURCE OF FINANCE (Please state how you intend to finance your proposed study, give detail(s) of any application(s) for grant/scholarship that you have made, if a grant/scholarship has been awarded, please attach a copy of your award letter.

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(Completion of this section does **NOT** constitute an application for financial support. If you wish to apply for financial support as a Postgraduate Demonstrator, etc. please contact the Head of the Department concerned).

18. Please state how the Programme of Study came to your attention. Please be specific, giving title of newspaper, media etc.

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19. If you wish you may mention any condition of health or disability which could have a bearing on your study or which requires the provision of special facilities. You may use additional sheets, if necessary. This information will be treated confidentially and will not have any affect on your application.

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20. IMPORTANT NOTICE TO APPLICANTS FROM INSTITUTIONS <u>OTHER THAN UNIVERSITY COLLEGE CORK</u>:

APPLICANTS FROM INSTITUTIONS <u>OTHER</u> THAN UNIVERSITYCOLLEGE CORK should arrange to forward **CERTIFIED TRUE COPIES (OFFICIALLY AUTHENTICATED)** of the following documents with their completed application form to the Postgraduate Admissions Office. (If you are unable to provide any of the below mentioned documentation at the time of application, please attach a note to your application advising us when you expect to forward same). Please state the course(s) you are applying for on all future correspondence to this University:-

1. A CERTIFED TRUE COPY (officially stamped) academic transcript of your academic career <u>to date</u> from the Registrar of your University to include your final degree(s) results. If your final degree result is not available when applying for this course, please forward an additional official transcript of final degree results, when available.

2. Official results (CERTIFIED TRUE COPY) of examinations to be taken should be submitted as soon as they are available.

3. In addition, Non-Irish graduates must forward course syllabus and duration of the undergraduate courses followed.

4. CERTIFIED TRUE COPY of proof of conferring (parchment/official statement from your University confirming the conferral date of your degree), if available at the time of application.

5. For other academic/professional non-degree qualifications, please forward CERTIFIED TRUE COPY of parchment/certificate and official results, if applicable.

6. Two Original Letters of Reference indicating your potential for postgraduate study. Referees Letters are not necessary in respect of Higher Diploma courses unless requested on the literature pertaining to specific courses.

7. CERTIFIED TRUE COPY of Birth Certificate

8. CERTIFIED TRUE COPY of evidence of name change IF NECESSARY (Civil marriage certificate, passport, deed poll entry, etc.)

9. Applicants for postgraduate programmes whose first language is not English must submit official evidence with their application of either a TOEFL score of 600 (for the paper based test) or 250 (for the Computer based test) or an IELTS score of 6.5; see www.toefl.org or www.ieltsonline.com for details.

10. APPLICANTS WHOSE OFFICIAL DOCUMENTATION IS NOT IN ENGLISH must arrange to have their documentation officially translated in English. Translated documents must be certified authenticated documents (officially stamped).

Please note that University College Cork will NOT return these documents, so please ensure that you submit OFFICIALLY CERTIFIED TRUE COPIES OF YOUR ORIGINALS. DO NOT SEND/POST ORIGINALS OR PHOTOCOPIES THAT HAVE NOT BEEN OFFICIALLY CERTIFIED.

CERTIFIED TRUE COPIES may be obtained by bringing the original document and a photocopy to your University/College and having the photocopy certified and OFFICIALLY STAMPED as a true copy of the original (photocopies that are not certified will not suffice). <u>Alternatively, if you are submitting your completed application in person,</u> you may present your original document(s) and a photocopy at the Postgraduate Admissions Office, UCC. The photocopied documentation will be certified by staff in the Postgraduate Admissions Office and your originals will be returned to you immediately at the counter.

PLEASE ENSURE THAT YOU READ THE INFORMATION SHEET THAT ACCOMPANIES THIS APPLICATION FORM AS THIS MAY CONTAIN INSTRUCTIONS SPECIFIC TO THE COURSE FOR WHICH YOU ARE APPLYING.

PLEASE NOTE THAT YOUR APPLICATION CANNOT BE CONSIDERED UNLESS THE APPLICATION FEE AND THE APPROPRIATE SUPPORTING DOCUMENTATION (FOR NON-UCC GRADUATES) ARE SUBMITTED.

21. I affirm that the particulars given in relation to this application are in all respects true and I agree to be bound by the academic regulations of the University.

SIGNATURE OF APPLICANT_____   DATE:

DD	MM	YY

PLEASE REFER TO ITEM 20 TO ENSURE YOU HAVE FORWARDED ALL THE INFORMATION REQUIRED.

TO BE COMPLETED BY THE HEAD OF DEPARTMENT/CHAIR OF BOARD OF STUDIES

FOR ALL APPLICATIONS (HIGHER DIPLOMAS AND MASTERS)

WAS THIS APPLICANT INTERVIEWED ☐ Yes ☐ No
(Please mark with an "x")

RECOMMENDATION:
(Please mark with an "x")

ACCEPTED ☐ **PUT ON A WAITING LIST** ☐ **REJECTED** ☐ **PENDING FURTHER INFORMATION** ☐

IF PUT ON WAITING LIST, please indicate ranking: _____

REASONS FOR RECOMMENDATION

FOR MASTERS APPLICATIONS/HIGHER DIPLOMAS (COURSEWORK/EXAMINATION/DISSERTATION):

LIST COURSEWORK: _____

_____

_____

No. of Academic Years: _____

FULL-TIME ☐ **PART-TIME** ☐

COMMENCEMENT DATE: **October** ☐ **January** ☐ **April** ☐ **Year** _____

SUPERVISOR: _____

SIGNATURE OF HEAD OF DEPARTMENT /
(OR CHAIR OF BOARD OF STUDIES IN THE
CASE OF INTERDISCIPLINARY PROGRAMMES): _____ **DATE:**

DD	MM	YY

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