

School of Microbiology, UCC

Expression of Interest Form
Date: _____

Please give us some information about yourself

Name: _____
Address: _____ **Country of Residence:** _____

Date of Birth: _____

Phone: _____ **Email:** _____

Please tick the program you are interested in finding out about or applying for:

MSc PhD

RESEARCH INTERESTS

Please indicate which research area(s) interests you most

EXPRESSION OF INTEREST

Have you indicated your interest in pursuing postgraduate studies with any member of staff of the Microbiology Department Yes No

If yes, indicate the name(s) of staff _____

ACADEMIC OR OTHER QUALIFICATIONS (Qualification name, Year, Institution; if final examinations have not yet been taken, indicate anticipated Degree result)

ADDITIONAL INFORMATION (Please add any Questions or Comments)

Please submit this form to the School of Microbiology, University College Cork.

Phone: +353 (0)21 4902392

Fax: +353 (0)21 4903101

E-mail: microbiology@ucc.ie

THIS IS NOT A FORMAL APPLICATION FORM

Submission of this form to the School of Microbiology does not imply acceptance of any individual into any postgraduate programme offered by the School.