**Postgraduate Programmes**

*(Taught Masters, PG Diplomas, Higher Diplomas)*

**Application Form**

*If you have ever been registered on a course in ATU DONEGAL quote your student /ID Number and the latest calendar year you attended ATU DONEGAL:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ID NUMBER:** |   |   |   |   |   |   |   |   |   |  | **YEAR** |   |   |   |   |

**Section One: Personal Details *(Please Complete In Block Capitals)***

|  |  |
| --- | --- |
| **Surname:** |       |
|  |  |
| **First Name(s):** |       |
|  |  |
| **Address:** |       |
|  |       |
|  |       |
| **Eircode\*:** |       |
|  | *\*required for all Republic of Ireland addresses. Eircode can be obtained at* [*https://finder.eircode.ie/#/*](https://finder.eircode.ie/#/) |
| **Email Address:** |       |
| **Phone Number:** |       |
|  |  |
| **Country of Birth:** |       |  | **Nationality:** |       |
|  |  |  |  |  |
| **Gender:** | **Male** | [ ]  | **Female** | [ ]  |
|  | **Undeclared** | [ ]  |  |  |
|  |  |
| **Date of Birth: (ddmmyy):** |   |   |   |   |   |   |  |  |
|  |  |  |  |  |  |  |  |
| **PPS Number\*:** |   |   |   |   |   |   |   |   |   |
| *\*required for all Irish domiciled students* |

**Section Two: Programme Choice**

|  |  |  |  |
| --- | --- | --- | --- |
| **Preference****No.** | **Course Title** ***(Full course title as per ATU DONEGAL Website/Prospectus)*** | **Course Code** | **ACCS (part-time)****Applicants****(tick here)** |
| 1. |       |       |  [ ]  |
| 2. |       |       |  [ ]  |
| 3. |       |       |  [ ]  |

**Section Three: Previous Third Level Education (Higher Education)**

*Please list your qualifications in order of completion (most recent first).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Higher Education Institution Attended** | **Years of Study****(From – To)****(MM/YY)** | Full Award Title | **Award Type****(e.g. Ord Degree – Level 7; Hons Degree –Level 8; Masters – Level 9)** | **Overall Result** **(if known)** | **Date Conferred (if applicable)** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Please enter your results for the Final year of your highest qualification in the table below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MODULE TITLES OF HIGHEST** **QUALIFICATION MIN. HONOURS DEGREE OR EQUIVALENT (LEVEL 8)** | **ECTS** | **GRADE (%)** | **MODULE TITLES****OF HIGHEST QUALIFICATION****MIN. HONOURS DEGREE OR EQUIVALENT (LEVEL 8)** | **ECTS** | **GRADE (%)** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

Note: Official Transcripts of results of relevant qualifications must also be ATTACHED.

If your results will not be available until after June 9th please tick here [ ] .

Official Transcripts of results should be submitted as soon as they become available.**Section Four: Relevant Work Experience**

**Employer One (if applicable)**

|  |  |
| --- | --- |
| **Name of Employer:***(state Self if Self Employed)* |       |
| **Address:** |       |
|  |       |
| **Phone Number:** |       |
| **Position Held:** |       |
| **Dates of Employment (mmyy):** | **From** |       | **To** |       |
| **Full/Part Time** | **Full Time** | [ ]  | **Part Time** | [ ]  |
| **Brief Description of Duties:** |       |

**Employer Two (if applicable)**

|  |  |
| --- | --- |
| **Name of Employer:***(state Self if Self Employed)* |       |
| **Address:** |       |
|  |       |
| **Phone Number:** |       |
| **Position Held:** |       |
| **Dates of Employment (mmyy):**  | **From** |       | **To** |       |
| **Full/Part Time** | **Full Time** | [ ]  | **Part Time** | [ ]  |
| **Brief Description of Duties:** |       |

### Section Five: Referees

Provide the name of two persons who may be contacted regarding your academic work and employment. Please include **at least one** academic reference.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  |       | **Name**  |       |
| **Address:** |       | **Address:** |       |
|  |       |  |       |
|  |       |  |       |
| **Phone Number:** |       | **Phone Number:** |       |
| **Email Address:** |       | **Email Address:** |       |
| **Position Held:** |       | **Position Held:** |       |

**Section Six: Personal Statement**

State your reasons for applying and provide any further information which you would wish to give in support of your application (Maximum 400 words)

|  |
| --- |
|       |

**Section Seven: Postgraduate Scholarship – Pushing Boundaries**

**Note:** This scholarship has been designed for students who are in receipt of no other form of financial assistance to study from a grant awarding body and is only available to EU Students on **full-time** postgraduate programmes.

The Scholarship is in the form of €1000 reduction in the **fees** in each of the two Semesters. It will be awarded based on academic merit (a minimum of an honours 2:2 is required). For a full list of conditions pertaining to ‘Pushing Boundaries’ please refer to the ATU DONEGAL website.

 **Yes No**

I confirm I wish to apply for the Pushing Boundaries Scholarship? **[ ]** **[ ]**

|  |  |  |
| --- | --- | --- |
| Have you ever received a student grant? | [ ]  | [ ]  |
| If yes who was the grant awarded from? E.g. SUSI, ETB |       |
| Have you applied or will you be in receipt of any other student financial assistance for the forthcoming academic year? | [ ]  | [ ]  |

If yes, please give details.

The individual in receipt of the Scholarship must be attending the programme on a full-time basis. Students who are in receipt of financial support from a grant awarding body are not eligible for this scholarship. Please tick below to confirm this.

I confirm I will be attending a full-time postgraduate taught Masters programme in ATU DONEGAL and am not in receipt of other financial support to study from a grant awarding body. [ ]

**Section Eight: Confidentiality & Data Protection Statement**

The information you provide on this form will be used to administer your application for a programme and, should you be successful, will form the basis of your student record.   Some data submitted, including PPSN, may be used for the purpose of statutory and other returns required by the Department of Education or Higher Education Authority and may also be released to the Department of Social Protection in connection with their Anti-Fraud checks.  Additional information or documents may be requested to process the application and verify information submitted.

By ticking the box opposite, you agree that: [ ]

1. ATU DONEGAL may process your personal information;
2. All information entered on this form is true, accurate and complete.

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

**Please return the completed application form together with supporting documentation:**

by email to admissions@lyit.ie