



## POSTGRADUATE STUDIES APPLICATION FORM

Please download and save a copy of this form. Alternatively, print and complete this form in BLOCK LETTERS using BLACK ink. All questions must be answered. DO NOT leave blanks.

### Name (as you wish it to appear on all official university records)

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Surname:	First Name:
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Title:

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### Name as on Birth Certificate (if different from above)

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Surname:	First Name:
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<b>Date of Birth</b>	Day:	Month:	Year:
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<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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<b>Mental Condition/Disability:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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It is not a mandatory requirement for an applicant to disclose their disability if they do not wish to do so. However, where a student chooses to disclose their disability, it is advisable to notify the DCU Disability Service on acceptance of a programme place so as to enable the Disability Service to provide reasonable supports to the student during their time at DCU. No applicant will be disadvantaged as a result of disclosing information pertaining to a Medical Condition/Disability. Intending applicants may contact the disability service on tel: +353 (01) 7005927 or email: [disability.service@dcu.ie](mailto:disability.service@dcu.ie) for further information.

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<b>Home Address:</b>	<input type="checkbox"/> Ireland	<input type="checkbox"/> Other Country (please specify)
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<b>Correspondence Address:</b>	<input type="checkbox"/> Same as above	<input type="checkbox"/> Ireland	<input type="checkbox"/> Other Country
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### Main Contact Number:

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Mobile:	Work Telephone:
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**Enter International Agent's details if applicable**

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International Agent's name:

International Agent's e-mail address:

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**Country of Nationality:**

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PPS Number (applicable to Irish Nationals only):

Country of Birth:

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**Most recent Educational Institution Attended:**

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**Applicant's Current Status**

If you are studying in St. Patrick's College, select 'Other Applicant'.

Current DCU Student     DCU Graduate     Other Applicant

DCU Student Number (if applicable):

Have you ever previously registered with DCU?     Yes     No

If you have an additional DCU Student Number, please provide:

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**Important note for sponsored applicants**

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If you are an approved Irish Aid Fellowship applicant and have a sponsor code from ICOS or have a sponsor code from International Office in DCU. ICOS/DCU will arrange payment of the application fee on your behalf.

ICOS/DCU code\*:

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**Title(s) of the programme(s) you are applying for in order of preference**

You can apply for up to 3 programmes on this application form

Programme Code:

Preferred Level: Preferred Major:

Programme Code:

Preferred Level: Preferred Major:

Programme Code:

Preferred Level: Preferred Major:

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**Details of Higher Education**

(Please indicate your primary degree which forms the basis of your consideration for this programme. Details of other awards should be posted separately)

Undergraduate Degree Title (English Translation if applicable):

Level/Class of Award: If other please specify:

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Name of institution attended:

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If other please specify:

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Address of institution attended:

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Period of attendance:      From:                      To:

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Name of awarding body:

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Main subjects studied:

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Have you completed the programme?                       Yes                       No

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If No, period completed to date:

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Date on which final results will be available:

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### **Professional/Industrial Experience**

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Give details of most recent relevant professional and/or industrial business experience. Details of other experience can be sent separately.

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Period of employment:                                              Job title:

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Level of responsibility:

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Name of employer:

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Address of employer:

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### **References (indicate at least one)**

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#### **Reference 1**

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Name:                                              Position:

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Phone:                                              Email:

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Address:

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#### **Reference 2**

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Name:                                              Position:

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Phone:                                              Email:

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Address:

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### **English Language Competency**

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Is the English language your primary language?                       Yes                       No

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If No, please state;

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Examining Body:

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If Other please specify:

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Date of completion:

Day:

Month:

Year:

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Score:

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### Please select ONE of the following categories

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- I am a national of an EU member state/Ireland and will be ordinarily resident in an EU member state/Ireland for three of the five years prior to the commencement of the programme.
- I am a national of an EU member state/Ireland and have received all my post-primary education within an EU member state.
- I have been in full-time employment in an EU member state/Ireland for three of the last five years prior to the commencement of the first year of the course. This applies to me, as I am 23 years of age, or more, on the 1st January 2016.
- I have been ordinarily resident in an EU member state/Ireland for three of the five years prior to the commencement of the programme and my parents have been in full-time employment in an EU member state for three of the five years prior to the commencement of the programme. This applies to me, as I am under 23 years of age on the 1st January 2016.
- I do not fall under any of the categories outlined above.
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### Where did you first hear about the programmes?

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- |                                                           |                                              |
|-----------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Radio Alert                      | <input type="checkbox"/> Education Fair      |
| <input type="checkbox"/> Newspaper/Magazine Advertisement | <input type="checkbox"/> Word of Mouth       |
| <input type="checkbox"/> Cinema Advertisement             | <input type="checkbox"/> International Agent |
| <input type="checkbox"/> Public Transport Advertisement   | <input type="checkbox"/> Social Media        |
| <input type="checkbox"/> Poster                           | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Web                              | If Other, please specify:                    |
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### Supporting Documents Checklist

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The documents listed below are requested by Maynooth University to support your application

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- Birth Certificate/copy of Passport
  - General (not compulsory)
  - Transcript
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I confirm I have included these documents as part of my application.

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As part of your application, you will be expected to pay a non-refundable application fee payment of €40 via bank transfer:

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Account name:

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BSB:

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Account number:

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## Reference

Please put your full name as you have indicated for it to appear on all official university records.

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Ensure you keep a copy of the receipt to confirm your payment.

I confirm I have paid the application fee of \$40.

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## Declaration

I certify that the information given in this application is correct and I hereby undertake, if admitted as a student member of Maynooth University, to observe and comply with all the regulations of the University.

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Signature of Applicant:

Date:

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Return the completed application form, ensuring that you have signed the declaration above together with the necessary supporting documentation and the appropriate (non-refundable) application fee (one fee only of €40 for EU applicants/€60 for non-EU applicants) by bank deposit.

Return the completed application form, ensuring that you have signed the declaration above together with the necessary supporting documentation and the appropriate application fee to [educoapps@dcu.ie](mailto:educoapps@dcu.ie)