

**APPLICATION FOR RE-ADMISSION – Year 1**

**This form is for students who registered on a programme at either MIC or UL, but exited prior to taking examinations.**

**Students who have taken examinations and wish to apply for internal transfer to MIC, should contact Student Academic Administration for consideration through Student Status Committee.**

**PART 1** (to be completed by Student)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Former ID no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PPS Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied through CAO as HEAR or DARE student previously\_\_\_\_\_\_\_\_\_\_\_

**If answer is Yes please state year** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former Course of Study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cumulative QCA

at time of leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Term and Year Study Term and Year Study

Commenced at the College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was terminated at

the College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Terminating\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Details of employment or other activity since terminating study at the College. Please supply employer reference(s) where relevant and /or supporting documentation where possible:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I wish to be readmitted to the College in Semester\_\_\_\_\_\_\_ Academic Year 20\_\_\_\_\_\_\_\_\_\_

To the following Course of Study

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement in Support of Readmission (The Student Counsellor or your former Adviser may be able to assist you)

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Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email completed application form to:

[admissions@mic.ul.ie](mailto:admissions@mic.ul.ie)

**CLOSING DATE: 1 JULY**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY**

Admissions Committee Recommendations/Comments:

Please tick

|  |  |  |
| --- | --- | --- |
| Satisfies Minimum & Specific  Subject Requirements | Points Score | Accept |
| Yes  No | Points:\_\_\_\_\_\_\_\_\_\_\_  Satisfies Minimum Points    Yes  No | Yes  No |

Comments:

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Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_