

**LIT**ACTIVE LEADERSHIP IN
EDUCATION, ENTERPRISE
AND ENGAGEMENT**RESEARCH & THESIS CANDIDATE
APPLICATION FORM****RESEARCH & THESIS CANDIDATE APPLICATION FORM****OFFICE USE ONLY**

Interviewed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Funding: (specify) Bursary/Scholarship <input type="checkbox"/> Staff Development <input type="checkbox"/> Self -Financed <input type="checkbox"/> Other <input type="checkbox"/> Please provide details:	Fee Amount: €
Offer: Yes <input type="checkbox"/> No <input type="checkbox"/>		Giro No.
Proposed Start Date:		Approved for Set-up: Principal Supervisor : _____
Student will be registered as: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		Head of Department: _____ Head of School: _____

1. COURSE APPLICATION

NAME COURSE/RESEARCH TITLE:						
COURSE REF:		MA	MBUS	MENG	MSc	PHD
PLEASE TICK:	FULL TIME: <input type="checkbox"/>	PART TIME: <input type="checkbox"/>				

2. PERSONAL DETAILS

TITLE:		NAME:		SURNAME:	
PERMANENT ADDRESS:				ADDRESS FOR CORRESPONDENCE:	
DAYTIME TEL:		MOBILE TEL:		EMAIL:	
GENDER:		DATE OF BIRTH:		NATIONALITY:	
COUNTRY OF BIRTH:		LIT STUDENT NO:		PPS NO.	

SPECIAL NEEDS: Do you consider yourself to have a disability or significant health problem which will require a specific support mechanism during your period of study? If so please give details below: (use additional sheets if necessary)

7. CHECKLIST	
PLEASE ENSURE THE FOLLOWING ARE ATTACHED TO YOUR APPLICATION	TICK
CONFIRM APPLICATION IS FULLY COMPLETED	
COVER LETTER	
FULL CERTIFIED TRANSCRIPT OF EXAMINATION RESULTS	
CURRICULUM VITAE	
RESEARCH PROPOSAL – Please attached your Research Proposal Which must include: <ul style="list-style-type: none"> • Hypothesis and Aims (5 marks) • Description of the proposed research (15 marks) • A draft work plan (5 marks) • A description of the resources required (5 marks) 	N/A
<p>*THE APPLICATION FORM MUST BE FULLY COMPLETED BEFORE IT CAN BE PROCESSED</p> <p>** APPLICATIONS WITHOUT THESE ATTACHMENTS WILL NOT BE ACCEPTED</p>	

8. DECLARATION
<p>I DECLARE THAT:</p> <ul style="list-style-type: none"> • the information given by me in this application is true and accurate. • I authorise Limerick Institute of Technology to contact other Institutions to verify my results. • I authorise Limerick Institute of Technology to contact past/present employers & referees for reference verification. • If I am admitted as a student, I will abide by the Regulations of Limerick Institute of Technology. <p>PLEASE TICK TO CONFIRM IF YOU AGREE WITH EACH OF THE ABOVE: <input type="checkbox"/></p> <p>IF NOT: <input type="checkbox"/> Provide details:</p> <p>SIGNED : _____ DATE: _____</p> <p>PLEASE SUBMIT COMPLETED APPLICATION FORM TO:</p> <p style="text-align: center;">GRADUATE STUDIES AND RESEARCH OFFICE LIMERICK INSTITUTE OF TECHNOLOGY MOYLISH PARK LIMERICK</p>