



## APPLICATION FOR ADMISSION

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<b>H Dip in Biblical Studies</b>	<input type="checkbox"/>
<b>MA in Biblical Studies</b>	<input type="checkbox"/>
<b>H Dip in Canon Law</b>	<input type="checkbox"/>
<b>H Dip in Supervisory Practice</b>	<input type="checkbox"/>
<b>MA in Supervisory Practice</b>	<input type="checkbox"/>
<b>H Dip in Mission Theology</b>	<input type="checkbox"/>
<b>MA in Theology (Research)</b>	<input type="checkbox"/>
<b>MA in Faith and Culture</b>	<input type="checkbox"/>
<b>H Dip in Adult Religious Education</b>	<input type="checkbox"/>
<b>MA in Applied Ethics and Theology</b>	<input type="checkbox"/>

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### 1. PERSONAL DETAILS OF THE APPLICANT

Surname: \_\_\_\_\_

First names (underline preferred): \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address of Correspondence, if different: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. No: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth (dd/mm/year): \_\_/\_\_/\_\_\_\_ Citizenship: \_\_\_\_\_

PPS Number (*required by Department of Education and Science*) \_\_\_\_\_

If member of Religious Order, please state which one: \_\_\_\_\_

If your fees will be paid by a person or institution other than yourself, please give details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. No: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2. EDUCATION AND PROFESSIONAL EXPERIENCE

<b>THIRD LEVEL EDUCATION</b>			
<b>Name and address of institution</b>	<b>Years of Study</b>	<b>Qualification</b>	<b>Grade</b>

  

<b>PROFESSIONAL EXPERIENCE</b>			
<b>Dates</b>	<b>Full name and address of Employer</b>	<b>Position Held</b>	<b>Nature of Duties</b>

Please give the details of two persons to whom references may be made regarding your qualification for the programme:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. No: \_\_\_\_\_ Tel. No: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 3. OTHER RELEVANT INFORMATION

Do you have a disability/other health issue which may affect your studies?

No

Yes  Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about this programme?

In Milltown  Radio  Newspaper  Friend  Internet search

Other  Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state briefly why you are interested in this programme:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_ / \_\_ / \_\_\_\_

The completed application form should be sent to: **Postgraduate Secretary, Milltown Institute, Milltown Park, Dublin 6, Ireland.**

Please ensure you have enclosed:

- i) **Copies of academic transcripts of all your studies to date**
- ii) **4 passport sized photographs**
- iii) **Up-to-date Curriculum Vitae**