

For Office Use Only: Date received: _____ Date acknowledged: _____
Interview Date: _____ Interview time: _____ Result: _____
Offer Date: _____ Reply Date: _____ Acceptance Date: _____



PONTIFICAL UNIVERSITY

St Patrick's College, Maynooth

DIPLOMA IN PHILOSOPHY AND ARTS

Application form

If you are, or have been, registered at St Patrick's College Maynooth or at NUI Maynooth, please write your student number in the space provided:

Please complete this form legibly using CAPITAL LETTERS

Surname (as on birth certificate): _____

Alternative surname (if applicable): _____

First names (as on birth certificate): _____

Title: Miss Ms Mr Other _____

Date of birth: ____/____/____
Day - Month - Year

Nationality: _____ **Place of birth:** _____ **Country of Birth:** _____

Sex: (tick as appropriate) Male Female

Home address:

Tel (home): _____

Tel (mobile): _____

E-mail: _____

Address for correspondence (if different from above):

Please tick one: Seminarian Lay person

Fees:

Please state if fees will be paid by a third party:

If you are a seminarian, please state diocese: _____

EDUCATION:

Last second level school attended (if any)

Name of School: _____ **From:** _____ **To:** _____

Address (including country): _____

Last Second Level Examination taken: _____ **Title:** _____

Year: _____

Please enter the results of the last second level examination you have taken in the box below if applicable (e.g. either Junior/Intermediate Certificate or Leaving Certificate). Please attach certified copy of examination results.

Subject	Year	Level H/O	Grade	Subject	Year	Level H/O	Grade
1				5			
2				6			
3				7			
4				8			

DETAILS OF OTHER EDUCATIONAL QUALIFICATIONS (if applicable):

(e.g. University, Institute of Technology, Post Leaving Certificate, City & Guilds)

1. Name of Institution: _____ **From:** _____ **To:** _____

Examination taken and results: _____

2. Name of Institution: _____ **From:** _____ **To:** _____

Examination taken and results: _____

EMPLOYMENT

Dates (most recent first)		Employer Name & Address	Job Title & Brief Description
From:	To:		

I declare that the information given by me in this application is true and accurate and that if I am admitted as a student I will abide by the regulations of Maynooth College.

The University reserves the right not to consider applications, and to cancel any offers of places, where requested information has not been supplied or where falsified or misleading information has been supplied.

If I have a criminal conviction(s) I have complied with the requirements as set out in the University's policy for applicants with criminal convictions at: <http://www.maynoothcollege.ie/prospective/convictions.shtml>

You must tick the box to agree:

Signature _____ Date _____

SUBMISSION OF APPLICATION:

Completed Application forms to be sent to:

Admissions Office, Pontifical University, St Patrick's College, Maynooth, Co. Kildare.