

For Office Use Only: Date rec: _____ Ack: _____
Interview Date: _____ Interview time: _____ Result: _____

Pontifical University, St Patrick's College, Maynooth

MATURE STUDENT APPLICATION FORM
Full-time undergraduate degree programmes



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 insert your CAO Applicant Number:

Please complete this form legibly in TYPE or in INK 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

Contact details – permanent:

Address:

Tel (h): _____

Tel (m): _____

E-mail: _____

Contact details – for correspondence (if different from above):

Address:

Tel (h): _____

Tel (m): _____

E-mail: _____

Please indicate which Theology programme you wish to apply for in order of preference:

Course Title:

Course Code:

1. _____

2. _____

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)

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

Examinations to be taken in coming year: Title: _____

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

Have you completed or are you taking part in an Access/Return to Learning Course? Yes No

If Yes, please provide details:

Location: _____ Subjects: _____ Completion Date: _____

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: _____

Briefly outline your interests, hobbies and any other activities:

Please provide below any further information that you feel may be relevant to your application (e.g. special needs due to health/disability)

TWO REFEREES

Please give the names, addresses and telephone numbers of two people who are willing to provide us with information in support of your application

1. Name _____	2. Name _____
Address _____	Address _____
_____	_____
_____	_____
Telephone No. _____	Telephone No. _____

DECLARATION

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.

Signature _____ Date _____

SUBMISSION OF APPLICATIONS

- Please submit **ONE EXTRA COPY** of your **complete application** (ie original application plus ONE copy)
- Please ensure that this completed form arrives in the Admissions Office, Pontifical University, St Patrick’s College, Maynooth, Co. Kildare, not later than 1st February. Late applications may be considered up to 1st May. An application fee IS NOT required with this form.
- It is essential that you also submit an application to CAO not later than 1st February. (Late applications may be made up to 1st May to the CAO for an additional fee). Applications to CAO may be made on-line: www.cao.ie or you may contact CAO for an application form: Central Applications Office, Tower House, Eglinton Street, Galway. Telephone: 091 509800