

**For Office Use Only:** Date received: \_\_\_\_\_ Date acknowledged: \_\_\_\_\_  
Interview Date: \_\_\_\_\_ Interview time: \_\_\_\_\_ Result: \_\_\_\_\_  
Offer Date: \_\_\_\_\_ Reply Date: \_\_\_\_\_ Acceptance Date: \_\_\_\_\_



# St Patrick's Pontifical University, Maynooth

## DIPLOMA IN PHILOSOPHY Application form

If you are, or have been, registered at St Patrick's Pontifical University or at Maynooth University 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:** \_\_\_\_\_

**Please tick one:** Seminarian  Lay person

**Address for correspondence (if different from above):**

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

**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:		

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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 St Patrick's Pontifical University, Maynooth.

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, St Patrick's Pontifical University, Maynooth, Co. Kildare.**