

**2025 APPLICATION FORM**  
**POSTGRADUATE TRAINING by RESEARCH SCHOLARSHIP PROGRAMME**

**(MASTERS/DOCTORATE)**

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| **NOTES FOR APPLICANTS**  · All applicants must complete the following application form.  · Irish applicants from universities/institutes other than the Technological University of the Shannon: Midlands Midwest must furnish a certified copy of their degree/transcript of results  · Non-Irish graduates must furnish the following documentation with their application:  a) Certified copy of official transcript of courses taken, marks obtained and degrees previously obtained  b) Outline of the content and duration of the undergraduate course(s) followed |

***Please Complete this Form Legibly (in Block Capitals) in Ink.***

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| **1. PERSONAL DETAILS** | | | | | | | | |
| **SURNAME:** |  | **OTHER NAMES:** |  | | | | | |
| **TITLE:** |  | **MAIDEN NAME:** (if applicable) |  | | | | | |
| **TELEPHONE NO. (HOME):** |  | **(WORK):** |  | | | | | |
| **CONTACT ADDRESS:** |  | | | | | | | |
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| **GENDER:** | **Female** | **DATE OF BIRTH:** | **D** | **D** | **M** | **M** | **Y** | **Y** |
| **Male** |  |  |  |  |  |  |
| **NATIONALITY:** |  | **COUNTRY OF BIRTH:** |  | | | | | |
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| **EMAIL**: |  | | | | | | | |

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| **2. THIRD LEVEL QUALIFICATIONS** | | | | | |
| Give the full particulars sought for each degree/diploma or qualification for which you are seeking recognition. | | | | | |
| **Full Title of Degree/Diploma** | **University/**  **Institute** | **Date(s) of Attendance** | **Class/Level  of Award** | **Main Subjects Studies** | **Date Conferred** |
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| ***Please use additional sheet(s) if required*** | | | | | |

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| **3. EMPLOYMENT/INDUSTRIAL EXPERIENCE** | | | |
| Give the full details sought for each period of work experience and training. | | | |
| **Job Title** | **Name (and Address) of Organisation** | **Dates of Employment/ Training** | **Responsibilities** |
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| ***Please use additional sheet(s) if required*** | | | |

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| **4. PROPOSED DEGREE FOR WHICH YOU WISH TO BE CONSIDERED** | | | | | | | | | | | | | | | | | | | | |
| Please indicate for which research award you wish to be considered (please tick one of the following) | | | | | | | | | | | | | | | | | | | | |
| **MA** | | **MBus** | | | | **MEng** | | | | | | **MSc** | | | | **PhD** | | | | |
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| **Faculty:** | Science & Health | |  |  | | | Business & Hospitality | | |  | |  | | Engineering & Informatics | | | |  | |  |
| **Department:** | | | | |  | | | | | | | | | | | | | | | |
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| **Proposed Field of Research Work:** | | | | | | | | | | | | | | | | | | | | |
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| **Proposed Supervisor:** (if already known/agreed) | | | | |  | | | | | | | | | | | | | | | |
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| **Commencement Date:** | | | | | October | | |  | | | February | | |  | June | | | |  | |
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| **Proposed Completion Date:** | | | | |  | | | | | | | | | | | | | | | |
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| How do you intend to finance your programme of postgraduate study? | | | | | | | | | Self-Funding | | | | Current Employer | | | | Other Funding**\*** | | | |
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| **\***Please specify: | | | | | | | | | | | | | | | | | | | | |

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| **5. SPECIAL NEEDS** |
| Please detail below if you have a physical or sensory disability or sensory disability that may require special facilities: |
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| **6. SUPPLEMENTARY INFORMATION** | | | |
| **Personal Statement**: Please provide a short outline max of 500 words as to *why you wish to undertake the research.* | | | |
| Give details of additional information that you may think will assist in the consideration of your application, e.g. professional qualifications, membership of professional bodies, professional/industrial experience, published academic work. | | | |
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| Have you applied for the same degree at any other university/institute? | Yes | No |  |
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| Please supply information regarding the outcome of each application: | | | |
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| **7. ACADEMIC REFEREES** | | | | | |
| Give the full details of two academic referees willing, if requested, to support your application: | | | | | |
| Name | **1** |  | **2** |  |  |
| Title |  |  |  |  |  |
| Institute/University |  |  |  |  |  |
| Institute/University Address |  |  |  |  |  |
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| Position (within organisation) |  |  |  |  |  |
| Telephone Number |  |  |  |  |  |
| E-mail |  |  |  |  |  |
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| I acknowledge that the particulars given in relation to this application are accurate and complete. | |
| **Applicant’s Signature:** |  |
| **Date:** |  |
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**Please E-MAIL your completed application to:** [**pro@tus.ie**](mailto:pro@tus.ie)