



**LIMERICK INSTITUTE  
OF TECHNOLOGY**  
**INSTITIÚID TEICNEOLAÍOCHTA  
LUIMNIGH**

## APPLICATION FORM

**Masters in Marketing & Management Strategy  
(using Problem Based Learning)**

**1 Year Full-time Taught Masters Programme or  
2 Year Flexible Taught Masters Programme**

**ENTRY REQUIREMENTS:**

**AN HONOURS DEGREE IN BUSINESS MANAGEMENT AND/OR MARKETING WITH A MINIMUM AWARD OF SECOND CLASS HONOUR GRADE 2**

**OR**

**A DEGREE IN BUSINESS MANAGEMENT AND/OR MARKETING AND AT LEAST 2 YEARS RELEVANT PROFESSIONAL EXPERIENCE/RESPONSIBILITY**

**OR**

**AN APPROPRIATE PROFESSIONAL BUSINESS QUALIFICATION AND AT LEAST 2 YEARS RELEVANT PROFESSIONAL EXPERIENCE/RESPONSIBILITY**

**AN INTERVIEW MAY FORM PART OF THE SELECTION PROCESS.**

**PLEASE INDICATE WHICH PROGRAMME DURATION YOU ARE APPLYING FOR:**

Full-Time (1 Year):	Flexible: 2 Years (1 evening per week for 3 hours & 7-8 Saturdays per academic year) :
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**PERSONAL DETAILS**

SURNAME:	LIT STUDENT ID NUMBER (if applicable):		
FIRST NAMES:	DATE OF BIRTH	PPS NUMBER:	
ADDRESS:	NATIONALITY:		
	COUNTRY OF BIRTH:	MALE/FEMALE:	
	HOME TEL:	MOBILE NO.:	
EMAIL:			
Have you been living in an EU country for 3 of the last 5 years?    Yes <input type="checkbox"/> No <input type="checkbox"/>			

**COURSES WILL BE RUN SUBJECT TO SUFFICIENT DEMAND AND INSTITUTE RESOURCES**

**THIRD LEVEL QUALIFICATIONS**

3rd Level College Attended	From	To	Title of Course	Result (if known)

LIT STUDENTS: If you are a current or past LIT student, you do not need to forward a copy of your results.

EXTERNAL STUDENTS: External applicants should forward their academic transcript, including their overall results.

**DECLARATION (must be signed and dated by applicant)**

*I certify that the information I have provided on this form is accurate to the best of my knowledge. I agree that the Institute has authority to seek information from other Institutions in order to evaluate information provided on this form.*

Signature of Applicant:	Date:
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**ADDITIONAL INFORMATION (please include work experience):**

**OFFICE USE ONLY**

College	Year	Discipline	Level of Award	Experience	Total

Compatible: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Received Stamp
Signed Head of Department: _____ Date: _____	
Signed Course Leader: _____ Date: _____	

## GUIDELINES

### CLOSING DATE:

WY/REZ/WdK/WZ/KED/KhM/EP/D/ED/DE, D, ?  
EY/DEDE, MKDD?

THIS APPLICATION FORM SHOULD BE RETURNED TO:

THE ADMISSIONS OFFICE,  
LIMERICK INSTITUTE OF TECHNOLOGY,  
MOYLISH PARK,  
LIMERICK

*Applications received after the final closing date will only be considered if there are places available after all offers have been exhausted. are advised.*

### OFFERS:

*Offers will be issued within four weeks of receipt of application. Should an offer be made you must confirm your acceptance of a place within 10 working days otherwise the offer of a place will lapse. Please note courses will only run in any given year subject to sufficient numbers enrolling.*

### FEES:

*Student Services Fee and Tuition Fees are payable by all students.*

*Total Fees (inclusive of Student Services Fee) will be advised to all applicants. See programme flyer for expected fees.*

*Special Conditions apply to Non-EU Applicant. Please contact the Admissions Office for further details.*

### DISABILITY:

*If you consider yourself to have a disability or significant health problem, please attach details.*



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Admissions  
Limerick Institute of Technology,  
Moylish Park,  
Limerick.

Telephone: 061 293000  
Email: [admissions@lit.ie](mailto:admissions@lit.ie)  
Website: [www.lit.ie](http://www.lit.ie)