

## Postgraduate Student Application Form

### Section 1: Course Details

Programme you are applying to:	✓
<b>Master of Arts in Leadership Workplace Health &amp; Wellbeing</b>	

**ENTRY REQUIREMENTS:**

A LEVEL 8 OR EQUIVALENT HONOURS DEGREE IN BUSINESS, SCIENCE OR ENGINEERING.

MINIMUM GRADE OF 2.1 (60%), COMPRISING OF AT LEAST 30 ECTS CREDITS IN ANY COMBINATION OF MATHS, COMPUTER SCIENCE OR ENGINEERING. ENGLISH LANGUAGE: EQUIVALENT OF ELTS 6.0 AND ABOVE.

**OR**

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

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

### Section 2: Personal Details

First name <small>(Given name, as per passport)</small>		Surname <small>(Family name, as per passport)</small>	
Address			
Preferred Email Address		Contact Number	
Nationality		Country of Birth	
Current TUS Student Number <small>(if applicable)</small>		PPS Number	
Date of Birth		Male/Female/ Non-Binary/Other/ Prefer not to say	
Have you been living in an EU country for 3 of the last 5 years?			



### Section 3: Educational Details

**TUS STUDENTS:** If you are a current or past TUS 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

Name & Address of College/Institution (previous study)		Full Title of Programme Studied	Result (if known)	% Calculation
Other qualification/Work experience				
Job Title	Employer	Address	Responsibilities & Duties	Year (From – To)

### Section 4: Where did you hear about this programme?

TUS Representative		Agent		Education Fair	
Guidance Counsellor		Word of Mouth		Social Media	
Other (please specify)					

### Section 5: Verification

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.

Signed (Typed signature accepted)		Date (DD-MM-YYYY)	
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## 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: _____		

## CLOSING DATE

- Application deadline: **August 31st**. Late applications will be considered where places are available.
- Applications should be returned, fully completed on or before the above date
- Applications should be sent to [BusinessandHumanities@lit.ie](mailto:BusinessandHumanities@lit.ie) for processing.
- Applications by email are preferred. Hard copy application forms can be sent to the below address:  
**Technological University of The Shannon**  
 Business & Humanities,  
 Room 2B23,  
 TUS, Moylish Campus, Limerick, V94EC5T.
- If you wish to receive acknowledgment of receipt of your application, please enclose a stamped addressed postcard. All applications received via email will be acknowledged via return email.

## OFFERS:

Provisional offers may be issued for early-bird applications (prior to May 1st). All final offers will be issued after the closing date for applications. **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.

## ACKNOWLEDGEMENT:

If you wish to receive acknowledgment of receipt of your application, please enclose a stamped addressed postcard. All applications received via email will be acknowledged via return email.

## GRANTS:

If you have any queries regarding grants, please contact SUSI, or log into [www.studentfinance.ie](http://www.studentfinance.ie)

## FEES:

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

Information regarding fees is available [here](#)

Special Conditions apply to Non-EU Applicants - you will find further information on that process [here](#)

## DISABILITY:

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