

## **APPLICATION FOR RE-ADMISSION – Year 1**

This form is for students who registered on a programme at either MIC or UL, but exited prior to taking examinations.

Students who have taken examinations and wish to apply for internal transfer to MIC, should contact Student Academic Administration for consideration through Student Status Committee.

PART 1 (to be completed by Student)	
Name:	Former ID No.:
Address:	
PPS No.:	Telephone No.:
Have you applied through CAO as HEAR or DAI  If answer is Yes please state year	RE student previously? No Yes Year
Former Course of Study:	
Year and Semester Study Commenced at the College:	Year and Semester Study Terminated at the College:
Reason for Terminating:	
Details of employment or other activity since temployer reference(s) where relevant and /or	terminating study at the College. Please supply supporting documentation where possible:
I wish to be readmitted to the College in Seme	ester: Academic Year
To the following Course of Study:	

Statement in Support of Readmis assist you)	sion (The Student Counsellor	or your former Adviser may be a	ble to
Student Signature:		Date:	
Student Signature.		Date.	
Please email completed application	on form to: admissions@mic.	<u>ul.ie</u>	
CLOSING DATE: 1 July			
PART 2 - (FOR OFFICE USE ONLY)			
Admissions Committee Recomme	endations/Comments:		
Please tick			
Satisfies Minimum & Specific Subject Requirements	Points Score	Accept	
Yes	Points:		
No	Satisfies Minimum Points	Yes	
	Yes	No	
	No		
Comments:			
confidentiality in accordance	with the General Data Proteine with MIC's Records Retein that your information is pro- the Application for Re-Admi	ission Form. Your privacy is	a

Date:

Signature: