

**TUS**

**Technological University of the Shannon:  
Midlands Midwest**  
Ollscoil Teicneolaíochta na Sionainne:  
Lár Tíre Iarthar Láir

www.tus.ie

**2023 APPLICATION FORM  
POSTGRADUATE TRAINING BY RESEARCH SCHOLARSHIP PROGRAMME  
(MASTERS/DOCTORATE)**

**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.***

1. PERSONAL DETAILS						
SURNAME:	_____	OTHER NAMES:	_____			
TITLE:	_____	MAIDEN NAME:	_____			
		(if applicable)				
TELEPHONE NO. (HOME):	_____	(WORK):	_____			
CONTACT ADDRESS:	_____					
	_____					
GENDER:	Female <input type="checkbox"/>	DATE OF BIRTH:	D	D	M	M
	Male <input type="checkbox"/>				Y	Y
NATIONALITY:	_____	COUNTRY OF BIRTH:	_____			
EMAIL:	_____					

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



Please detail below if you have a physical or sensory disability or sensory disability that may require special facilities:

## 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.

Have you applied for the same degree at any other university/institute?

Yes

No

Please supply information regarding the outcome of each application:

## 7. ACADEMIC REFEREES

Give the full details of two academic referees willing, if requested, to support your application:

	1	2
Name	_____	_____
Title	_____	_____
Institute/University	_____	_____
Institute/University	_____	_____
Address	_____	_____
	_____	_____
	_____	_____
	_____	_____
Position (within organisation)	_____	_____
Telephone Number	_____	_____
E-mail	_____	_____

I acknowledge that the particulars given in relation to this application are accurate and complete.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please E-MAIL your completed application to: [pro@tus.ie](mailto:pro@tus.ie)