



Waterford Institute of Technology

Postgraduate Study by Research Application Form

Literacy Development Centre Bursary Programme

PLEASE ENSURE YOU COMPLETE ALL SECTIONS OF THIS FORM AS FULLY AS POSSIBLE IN BLOCK CAPITALS.
USE ADDITIONAL SHEETS IF NECESSARY TO EXPAND ON THE INFORMATION IN THE FORM.

IF YOU HAVE EVER BEEN REGISTERED FOR A COURSE IN WIT
PLEASE QUOTE YOUR STUDENT/ID NUMBER:

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1. PERSONAL DETAILS:

PERSONAL PUBLIC SERVICE NUMBER (PPS No.)

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LAST NAME:

FIRST NAME(S):

TITLE:

GENDER:

DATE OF BIRTH:

AGE:

PERMANENT ADDRESS:

ADDRESS FOR CORRESPONDENCE:

TELEPHONE:

FAX:

MOBILE PHONE:

EMAIL:

COUNTRY OF BIRTH:

CITIZENSHIP:

2. TITLE OF AWARD SOUGHT: (PLEASE TICK AS APPROPRIATE)

MA

MBS

MEng

MSC

MTech

PhD

ARE YOU IN RECEIPT OF FUNDING FROM OTHER SOURCE(S)? YES

NO

HAVE YOU PREVIOUSLY APPLIED FOR A WIT BURSARY PROGRAMME? YES

NO

PLEASE INDICATE HOW YOU BECAME AWARE OF THE POSTGRADUATE OPPORTUNITIES AT WIT.

WIT WEB SITE/LDC

ADVERTISEMENT

INTERNET

PROSPECTUS

WIT LECTURER

WIT POSTGRADUATE STUDENT

OTHER (PLEASE SPECIFY)

3. PROPOSED RESEARCH TOPIC & SUPERVISORY ARRANGEMENTS:

TITLE OF RESEARCH PROPOSAL:

HAVE YOU DISCUSSED YOUR RESEARCH PROPOSAL WITH ANY ACADEMIC STAFF MEMBER OR MANAGER IN WIT?

YES NO

IF YES, WHOM DID YOU MEET, WHEN AND WHAT ADVICE WERE YOU GIVEN?

4. COLLEGE OR UNIVERSITY EDUCATION:

FROM/ TO	INSTITUTION	FINAL YEAR SUBJECTS	QUALIFICATION (BA,BSC, ETC)	PRECISE CATEGORY/ GRADE OF AWARD	DATE OF CONFERRAL

5. NOTABLE ACADEMIC ACHIEVEMENTS:

PLEASE GIVE DETAILS OF PRIZES, MEDALS, SCHOLARSHIPS, AWARDS RECEIVED

6. RELEVANT WORK EXPERIENCE: (ADD ADDITIONAL PAGE IF NECESSARY)

EMPLOYMENT OR LIFE EXPERIENCES ARE USED IN ASSESSING CANDIDATES FOR CERTAIN RESEARCH PROGRAMMES. PLEASE OUTLINE RELEVANT ASPECTS OF SUCH EXPERIENCES THAT YOU FEEL QUALIFY YOU FOR ENTRY TO THIS COURSE.

7. RESEARCH EXPERIENCE / PROJECT WORK (IF RELEVANT)

PRESENT AN OVERVIEW OF ANY PREVIOUS RESEARCH PROJECT WORK YOU MAY HAVE CARRIED OUT EITHER AT UNDERGRADUATE OR POSTGRADUATE LEVEL OR IN PREVIOUS EMPLOYMENT. STATE BRIEFLY THE PROJECT TITLE AND OBJECTIVES, AN OUTLINE OF THE METHODOLOGY USED AND ANY RELEVANT OUTPUT (E.G. PUBLICATIONS / PATENTS / LEVEL OF AWARD)

8. PERSONAL STATEMENT: (APPROXIMATE WORD COUNT 500. ADD ADDITIONAL PAGE IF REQUIRED)

STATE BRIEFLY WHY YOU ARE INTERESTED IN A RESEARCH POSITION IN WATERFORD INSTITUTE OF TECHNOLOGY, INDICATE THE NATURE OF RESEARCH YOU WOULD PREFER AND WHAT YOU HOPE TO GAIN FROM IT.

Please Note: IF YOU ARE APPLYING IN RESPONSE TO AN ADVERTISED RESEARCH POSITION PLEASE IGNORE SECTION 8 BELOW AND PROCEED TO SECTION 9.

9. RESEARCH PROPOSAL (APPROXIMATE WORD COUNT 1000 WORDS)

PLEASE PASTE YOUR RESEARCH PROPOSAL HERE IN THIS SECTION

10. ACADEMIC REFEREES:

(PLEASE PROVIDE THE NAME AND ADDRESS OF TWO SENIOR PERSONS ACQUAINTED WITH YOUR ACADEMIC WORK WHO ARE PREPARED TO WRITE ON YOUR BEHALF INDICATING YOUR ACADEMIC FITNESS AND GENERAL SUITABILITY TO UNDERTAKE THE COURSE FOR WHICH YOU ARE APPLYING)

ACADEMIC REFEREE 1

NAME:	TITLE:	
ADDRESS:	TEL:	EMAIL:

ACADEMIC REFEREE 2

NAME:	TITLE:	
ADDRESS:	TEL:	EMAIL:

11. CHECKLIST:

YOUR APPLICATION MUST INCLUDE:

1. COMPLETED APPLICATION FORM
2. CURRICULUM VITAE
3. CERTIFIED ACADEMIC TRANSCRIPTS
4. ACADEMIC REFERENCES (X 2)

APPLICATIONS WITHOUT THESE ATTACHMENTS WILL BE DEEMED INVALID.

12. DECLARATION:

I DECLARE THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND JUDGEMENT.

SIGNATURE: _____ **DATE:** _____

**PLEASE SUBMIT COMPLETED APPLICATION FORM & RELEVANT DOCUMENTATION TO:
(MARKED RESEARCH BURSARY)
LITERACY DEVELOPMENT CENTRE,
WATERFORD INSTITUTE OF TECHNOLOGY,
COLLEGE STREET CAMPUS
WATERFORD,
IRELAND.
TEL: +353-51-302834**