MARY IMMACULATE COLLEGE
~UNIVERSITY OF LIMERICK~

INTERNATIONAL STUDENT EXCHANGE APPLICATION FORM 2007/2008

Please print clearly using BLOCK CAPITAL LETTERS or tick (4) the boxes as appropriate.

Surname: _____ First Name(s): _____

Male ☐ Female ☐ Date of Birth: _____ Nationality: _____

Permanent Address: _____

_____

Current Address (if different): _____

_____

Until what date will you remain at your current address? _____

E-mail address: _____

Home University / College: _____

Home University's Study Abroad Co-ordinator: _____

What period of study do you wish to spend at Mary Immaculate College?

Autumn Semester ☐ Spring Semester ☐ Academic Year ☐

In which department do you wish to study?

Arts (B.A. Degree) ☐ Education (B. Ed. Degree for Primary Teaching) ☐

Other Details
Are there any special circumstances, e.g. physical disabilities, of which the college should be aware?

_____

_____

Signature of Home University Co-ordinator: _____

Student's Signature: _____ **Date:** _____

Closing Dates for Applications: **31 May 2007 for Autumn Semester**
30 September 2007 for Spring Semester

Please return completed form to:
The Placement Office, Mary Immaculate College, Limerick, Ireland.
Tel: + 353 61 204910 Fax: + 353 61 204506 E-mail: intl.prog@mic.ul.ie