



MASTER OF ARTS IN JOURNALISM WITH NEW MEDIA

APPLICATION FORM

COURSE CODE: CR_HJWNM_9
LEVEL 9

The onus is on each applicant to ensure that he/she is applying for the correct course. For details of the course titles please refer to the CIT website or CIT Handbook. Please read the guidelines prior to completing this form.

PLEASE USE BLOCK LETTERS AND BLACK INK

ALLOW A SPACE BETWEEN WORDS

Title (Mr/Mrs/Ms etc.)	<input style="width:95%;" type="text"/>	Sex	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	
Surname <small>(See Note 1 overleaf)</small>	<input style="width:100%;" type="text"/>						
First Names	<input style="width:100%;" type="text"/>						
Home Address <small>(See Note 2 overleaf)</small>	<input style="width:100%;" type="text"/>						
Home Tel No.	<input style="width:60%;" type="text"/>			Mobile No.	<input style="width:60%;" type="text"/>		
Date of Birth	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:20%;" type="text"/>	Nationality	<input style="width:60%;" type="text"/>		
	<small>Day</small>	<small>Month</small>	<small>Year</small>				
Address while attending CIT <small>(if different from above)</small>	<input style="width:100%;" type="text"/>						
E-mail Address	<input style="width:100%;" type="text"/>						
				PPS No.	<input style="width:60%;" type="text"/>		

DETAILS OF THIRD LEVEL & POST-LEAVING CERTIFICATE EDUCATION							
HONOURS DEGREE (LEVEL 8)							
Title of Course	<input style="width:100%;" type="text"/>						
Areas of Study	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Major Studies</th> <th style="width:50%;">Additional Studies</th> </tr> <tr> <td><input style="width:95%;" type="text"/></td> <td><input style="width:95%;" type="text"/></td> </tr> <tr> <td><input style="width:95%;" type="text"/></td> <td><input style="width:95%;" type="text"/></td> </tr> </table>	Major Studies	Additional Studies	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
	Major Studies	Additional Studies					
	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>					
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>						
College	<input style="width:100%;" type="text"/>						
Year of Graduation	<input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/>						
Overall Result	<input style="width:100%;" type="text"/>						
ORDINARY DEGREE (LEVEL 7) (WHERE RELEVANT)							
Title of Course	<input style="width:100%;" type="text"/>						
Areas of Study	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Major Studies</th> <th style="width:50%;">Additional Studies</th> </tr> <tr> <td><input style="width:95%;" type="text"/></td> <td><input style="width:95%;" type="text"/></td> </tr> <tr> <td><input style="width:95%;" type="text"/></td> <td><input style="width:95%;" type="text"/></td> </tr> </table>	Major Studies	Additional Studies	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
	Major Studies	Additional Studies					
	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>					
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>						
College	<input style="width:100%;" type="text"/>						
Year of Graduation	<input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/>						
Overall Result	<input style="width:100%;" type="text"/>						

OTHER THIRD LEVEL QUALIFICATIONS			
Title of Course	<input type="text"/>		
College	<input type="text"/>		
Award	<input type="text"/>		
Year of Graduation	<input type="text"/>	Overall Result	<input type="text"/>
	<input type="text"/>		Duration of Course <input type="text"/> Years
PLC OR FETAC COURSES			
Title of Course	<input type="text"/>		
School	<input type="text"/>		
Award	<input type="text"/>		
Year of Graduation	<input type="text"/>	Overall Result	<input type="text"/>

RELEVANT WORK EXPERIENCE OR ANY FURTHER INFORMATION RELEVANT TO THE APPLICATION	
Give a brief summary of all relevant work experience obtained, particularly the duration and nature of the work.	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
PLEASE DO NOT ATTACH ANY ADDITIONAL DOCUMENTS	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Please do not attach any additional information.	

DECLARATION BY APPLICANT	
I certify that the information given in relation to this application is correct.	
Applicant's Signature	<input type="text"/>
Date	<input type="text"/>
Please note: Your signature (or nominee) on this form gives the Institute permission to verify the information that you have supplied therein.	

THIS FORM, FULLY COMPLETED, SHOULD BE RETURNED TO:
 Department Secretary; Maud Coffey, Media Communications Department, Cork Institute of Technology, Bishopstown, Cork.

BEFORE THE END OF MAY - Interview early June **Should places become available after this date, a second round of applications will be accepted by mid August - Interviews the end of August**

This application form does not infer or impose any legal obligations on Cork Institute of Technology to provide courses or other services to students. The information may be altered, cancelled or otherwise amended at any time. It does not constitute an offer to supply courses or subjects and it is not to be construed as imposing a legal obligation on the Institute to supply courses or subjects in respect of any course of study.

FOR DEPARTMENTAL USE ONLY				DEPARTMENT STAMP & DATE
Offer Place <input type="checkbox"/>	Offer subject to results <input type="checkbox"/>	Reserve List <input type="checkbox"/>	Regret <input type="checkbox"/>	
	References Received <input type="checkbox"/>			
Signed <input type="text"/>	Date <input type="text"/>			
(Head of Department)				
Please print name <input type="text"/>				

Guidelines for the completion of the Application Form

- Please enter your full name and personal details.
THE NAME YOU ENTER HERE WILL APPEAR ON ANY PARCHMENT TO WHICH YOU ARE ENTITLED.
- The address that you give here will be used for all correspondence. The Admissions Office should be notified of any change of address.
- Any queries relating to the completion of this form should be directed to Rose McGrath/Maud Coffey.
Telephone 353 21 - 433 5810 or 433 5812. Email; rose.mcgrath@cit.ie