

Please upload a passport size photograph with your application

MARINO INSTITUTE OF EDUCATION

ERASMUS MOBILTY APPLICATION FORM

**SECTION A: PERSONAL DETAILS**

1. **CUSTOMARY NAME: (to be used on official college records)**

SURNAME: Click here to enter text.

FORENAME: Click here to enter text.

1. **NAME AS ON BIRTH CERTIFICATE: (If different from above)**

SURNAME: Click here to enter text.

 FORENAME: Click here to enter text.

1. **GENDER:** Click here to enter text.
2. **DATE OF BIRTH:** dd/mm/yyyy
3. **COUNTRY OF BIRTH:** Choose an item. **6. NATIONALITY:** Click here to enter text.
4. **PERMANENT ADDRESS:**

1. **EMAIL ADDRESS:** Click here to enter text.
2. **TELEPHONE (INCLUDING COUNTRY CODE):** Click here to enter text.
3. **NEXT OF KIN:**

SURNAME: Click here to enter text.

FORENAME: Click here to enter text.

ADDRESS:

EMAIL: Click here to enter text.

TELEPHONE (INCLUDING COUNTRY CODE) Click here to enter text.

RELATIONSHIP TO APPLICANT: Click here to enter text.

**SECTION B: CURRENT ACADEMIC INFORMATION**

1. **HOME UNIVERSITY/COLLEGE INFORMATION**

 NAME OF UNIVERSITY/COLLEGE: Click here to enter text.

 ADDRESS OF UNIVERSITY/COLLEGE:

1. **STUDY ABROAD COORDINATOR:**

NAME OF STUDY ABROAD COORDINATOR IN YOUR INSTITUTION:

 Click here to enter text.

ADDRESS OF COORDINATOR

EMAIL: Click here to enter text.

TELEPHONE (INCLUDING COUNTRY CODE) Click here to enter text.

**SECTION C: STUDY WITH US[[1]](#footnote-1)**

1. **PROPOSED SEMESTER OF STUDY IN MARINO INSTITUTE OF EDUCATION**

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1. **CURRENT STUDIES**

TITLE OF COURSE YOU ARE CURRENTLY STUDYING: Click here to enter text.

NUMBER OF YEARS SUCCESSFULLY COMPLETED:

SUBJECTS COMPLETED ON COURSE TO DATE:

1. PLEASE INDICATE SPECIFIC SUBJECT AREAS IN WHICH YOU WISH TO FOLLOW MODULES IN MIE: (Minimum 2, Maximum 5)

1. PLEASE INCLUDE ANY PARTICULAR MODULES WHICH YOU ARE **REQUIRED** TO COMPLETE BY YOUR HOME INSTITUTION IN ORDER TO RECEIVE CREDIT FOR YOUR STUDY AT MARINO INSTITUTE OF EDUCATION

1. WHY DO YOU WISH TO STUDY AT MARNO INSTITUTE OF EDUCATION?

1. WHAT DO YOU HOPE TO GAIN FROM THE MODULES THAT YOU CHOOSE?

1. WHAT DO YOU HOPE TO CONTRIBUTE TO MARINO INSTITUTE OF EDUCATION DURING YOUR TIME STUDYING WITH US?

**SECTION D: ADDITIONAL INFORMATION**

1. **ENGLISH LANGUAGE PROFICIENY[[2]](#footnote-2)**

If English is not your first language, you must provide evidence of your English language competence

1. **HEALTH[[3]](#footnote-3)**

PLEASE PROVIDE YOUR EUROPEAN INSURANCE CARD NUMBER

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ARE YOU SUFFERING FROM ANY PHYSICAL OR MENTAL ILLNESS WHICH MIGHT REQUIRE TREATMENT DURING YOUR TIME OF STUDY AT MARINO INSTITUTE OF EDUCATION? **YES** **[ ]**  **NO** **[ ]**

*If you have answered “Yes”, please forward with your application a statement from your medical practitioner describing your current state of health and certifying that you are fit for student life. For further information on support services, please see the Student Counselling Service (*[*www.mie.ie/student\_counselling*](http://www.mie.ie/student_counselling) *) and the MIE Disability Service (*[*www.mie.ie/disability*](http://www.mie.ie/disability)*).*

**SECTION E: DECLARATION**

I certify that the information provided on this application is complete and accurate to the best of my knowledge. I understand that misrepresentation regarding enrolment may void my application. I understand that the programme/module information supplied represents a guide to the range of courses/modules offered at Marino Institute of Education and does not guarantee the availability or enrolment on these modules. I understand that this application and supporting documentation become the confidential property of Marino Institute of Education and will not be returned or released to another party. I understand that it is my responsibility and I agree to comply with all the rules and regulations of the Institute, including undergoing Garda Vetting, if applicable to me.

SIGNED:

DATE: Click here to enter a date.

FOR YOUR APPLICATION TO MARINO INSTITUTE OF EDUCATION TO BE COMPLETE, PLEASE ENSURE THAT:

ALL DOCUMENTS LISTED BELOW HAVE BEEN SUBMITTED WITH YOUR APPLICATION

 **☐ Completed Application Form**

 **☐ Passport size colour photograph**

 **☐ Certified True Copy [[4]](#footnote-4)of Academic Transcripts**

 **☐ Certified True Copy of Passport**

**☐ Certified True Copy of English Language Proficiency results**

**☐ Medical Documentation in support of health declaration in section D, if appropriate**

**NOTES ON COMPLETION OF APPLICATION FORM**

1. **ENGLISH LANGUAGE PROFICIENCY:**

If English is not your first language, you must provide evidence of your English language competence. You will need to include with your application \***a certified true copy** of one of the following:

1. **Irish Leaving Certificate:** A grade D3 or better in Ordinary level English
2. **GCSE:** A grade C or better in English Language
3. **European Baccalaureate:** English: 6 in 1st Language, or in 1st or 2nd foreign language
4. **French Baccalaureate:** Students presenting the OIB or International Option of the French Baccalaureate may satisfy the English Language requirement by achieving a minimum of 12 (where the coefficient is greater than 5) in English Language and Literature. In cases where the coefficient is less than 5, a minimum result of 14 will be required.
5. **International Baccalaureate:** English A1, A2 or B: 5 at Higher Level (4 at standard if presenting IB through English)
6. **US High School:** a Grade C in English taken in final year
7. **TOEFL**
	1. Paper based 570 (with a TWE score of 4.5),
	2. Computer –based 233 (with a score of 4.5 in essay)
	3. Internet based 90 (with a written score of 21)
8. **Cambridge Proficiency:** Grade C
9. **Cambridge Advanced:** Grade A
10. **IELTS:** Academic Version 6.5
11. **Pearson Test of English (Academic) –** **PTE Academic:** a minimum score of 63 (with no section below 59)
12. **CERTIFIED TRUE COPY**

A certified true copy is a photocopy of an original document that has been signed and stamped by a school principal, registrar or other official, confirming that the photocopy is a true copy of the original document.

1. **HEALTH INFORMATION**

Medical documentation supplied in support of physical or mental illness must be on the headed paper of the medical professional and contain the registration number of the same.

Please include the number of your European Health Insurance Card. Details may be found at the following website: <http://ec.europa.eu/social/main.jsp?catId=559>

1. **STUDY WITH US**

Acceptance of your application does not necessarily guarantee acceptance into any particular module. Your module choices will be finalised after you have arrived and officially registered with the Institute.

1. See Page 6 Note 4 [↑](#footnote-ref-1)
2. See Page 6 Note 1 [↑](#footnote-ref-2)
3. See Page 6 Note 3 [↑](#footnote-ref-3)
4. See Page 6 Note 2 in relation to Certified True Copy [↑](#footnote-ref-4)