MEd/AF

STRANMILLIS UNIVERSITY COLLEGE
A College of Queen's University Belfast

Application for Admission 2010

Master of Education (MEd)

PART-TIME STUDY

Notes

(1) This form, including a £10 administration fee, must be completed and returned to the Admissions Officer at Stranmillis University College not later than **Friday 23 July 2010**. An application form received without the prescribed fee shall be deemed incomplete and will be returned. Cheques should be made payable to **Stranmillis University College**.

(2) The College cannot accept responsibility if the result of this application is affected by omissions or by incomplete or inaccurate information supplied by the candidate.

(3) The course fee is £600 per module (subject to confirmation) and may be paid by credit card.

When completed, please return this form to the Admissions Officer, Stranmillis University College, Stranmillis Road, Belfast, BT9 5DY. Faxed, e-mailed, unsigned or late applications will not be accepted.

The closing date for receipt of applications is 3.00pm on *Friday 23 July 2010*

Please use BLOCK CAPITALS and black ink

NEW STUDENTS:	**Please complete Sections A, B & C**
CONTINUING STUDENTS:	**Please complete Sections A & D**

Section A: Personal details. To be completed by ALL applicants.

Surname _____ Title: (Dr/Mr/Ms/Miss/Mrs) _____

Forenames _____ Maiden Name _____
(in full) *(if applicable)*

Date of Birth _____ Place of Birth _____

Correspondence Address _____
(including postcode)

_____

_____

Telephone Number _____
(including area code)

Name and address of present School/Employer/Workplace _____
(including postcode)

_____

_____

_____

Telephone Number _____
(including area code)

Section B: To be completed by all NEW applicants to the M Level Programme

Have you been a student at Queen's University, Stranmillis University College or St Mary's University College?

YES ☐ NO ☐

If Yes, please state: Year of Entry _____ Student No. _____

Previous Qualifications

- Give details of all degrees and professional qualifications. In each case state the qualification, the name of the awarding institution, the date of the award and the main subject(s) involved.
  Example: BA (IIii hons); QUB 2000; Geography

  _____

  _____

  _____

Successful applicants will be required to provide proof of qualifications held.

Experience

- How many years teaching experience do you have? _____

- List the schools (or relevant bodies) with dates.

_____

_____

_____

_____

- List any posts of responsibility that you have held (with dates).

_____

_____

_____

_____

Credit Transfer

- Are you applying for Credit Transfer (CATS) YES ☐ NO ☐

  If Yes you must submit a completed CATS form and the necessary documentation with this application. CATS forms are available from the University College.

Accreditation for Professional Development

- Are you applying for accreditation for completed Professional Development Activity (EPD, ETT, CertPD)

  YES ☐ NO ☐

If yes you must submit documentation confirming completion of Professional Development Activity with this application. In the case of EPD and ETT this must include an official letter of verification from your school.

Section C: To be completed by all NEW students
Please indicate which programme you wish to commence in the academic year 2010/2011?

STEM EDUCATION: ☐

Please indicate which module/s you wish to commence in the academic year 2010/2011:

1st Semester Module: Problem Based Learning in STEM Education ☐

2nd Semester Module: Interconnected Learning in STEM Education ☐

PASTORAL CARE: ☐

Please indicate which module/s you wish to commence in the academic year 2010/2011:

1st Semester Module: International Perspectives on Bullying ☐

2nd Semester Module: Safeguarding Children and Young People ☐

Section D: To be completed by all CONTINUING students
Please indicate which module/s you wish to commence in the academic year 2010/2011?

First year enrolled on the programme _____

Module No.	Module Title	Semester	
EDC9014	Leadership in Theory	1	
EDC9016	Leadership in Practice	2	
EDC7033	Dyslexia and Literacy Difficulties	2	
EDC7031	Theoretical Perspectives in Post-Primary Curriculum Developments	1	

STUDENTS WITH DISABILITIES

The University College is willing to help students with disabilities. However, information is required to enable us to do this effectively. If therefore you have any disability you should tick the box and provide details on a separate sheet. This information will not affect our decision on your academic suitability for the course and will be treated as confidential. ☐

Applicant's signature _____ Date _____

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I give my consent to the processing of my data by Stranmillis University College. I accept that if I do not comply with their requirements my application may be cancelled and I shall have no claim against Stranmillis University College.

PLEASE RETURN THIS FORM, INCLUDING A £10 ADMINISTRATION FEE BY: FRIDAY 23 JULY 2010 TO:
Academic Registry
Stranmillis University College
Belfast
BT9 5DY

For Office Use Only

Offer: _____ Acceptance: _____

Credit Transfer: _____

Accreditation for Professional Development: _____