For Office Use Only:						
Date received: _		Approved by:	Date approved:			
Ack:	Offer date:	Reply date:	Acceptance date:			



PONTIFICAL UNIVERSITY

	OUNDED VIN	St Patri	ck's Co	llege, Mayno	ooth		
		Application for Admission as an Occasional Student * FEE-PAYING *					
Tick or	ne box:	Audit ☐ (attendance only)	OR	Credit: (ECTS credits)			
			ent numb	er in the space provi	ded: .ETTERS		
of reco	mmendation	n from the diocesan author s on birth certificate):	ities or re	ligious superior.		. ,	
1. 2.	•	surname (if applicable):					
3.		(as on birth certificate):					
4.		ate of birth://		5. Nationality:			
6.	Place of bir	th:		Country of birth: _		_	
7. 8.	Sex: (tick Address:	k as appropriate) Male		□ Female			
9.	What is you	ır occupation at present?: _					
10.	Please indic	cate where you first heard a	about the	Pontifical Univers	sity:		
						4	

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11.	11. Why do you wish to study Theology?						
12.	Previous higher educ	ation:					
Institu	ution attended:						
Period	d of attendance:	From:		To:			
Name	of course/award:						
Durat	ion of course (years):		Full-tir	ne or part-time:			
Main	subjects studied:					<u>-</u>	
	of award of qualification ected date of award, if the		ot already been a	varded.			
13.	Please list the modul	es you wish to stu	ıdy:		_		
	odule title:			Module code:	Semester 1 or 2:	No. of credits:	
	are that the information	-		true and accurat	e and that	if I am admitted	l as a
	niversity reserves the rigoration has not been sup	-	• •	•	•		quested
	ve a criminal conviction cants with criminal convi						for
You m	nust tick the box to agre	ee: 🗆					
Signat	ture			Date			

SUBMISSION OF APPLICATION: Please return completed form to the Admissions Office, Pontifical University, St Patrick's College, Maynooth, Co. Kildare, Ireland.