

LANGUAGE WAIVER APPLICATION FORM

APPLICANT'S SURNAME:	FIRST NAME(S):
APPLICANT'S ADDRESS:	
TELEPHONE NUMBER:	EMAIL ADDRESS:
DATE OF BIRTH:	CAO NUMBER:
SITTING LEAVING CERTIFICATE: June 20	
Note: Applicants to Trinity College Dublin are required to prese Therefore, students should only apply for a language waiver if t examination. LEAVING CERTIFICATE SUBJECTS (NB. At least six subjects mus	they are not taking any languages in their Leaving Certificate
1.	5.
2.	6.
3.	7.
4.	8.
 PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION: A certified copy of a Certificate of Exemption from Irish. The stamp on it; AND A copy of the Educational Psychology Report provided for the If you are unable to provide a Certificate of Exemption from Iris Evidence of disability: 	
a specific learning disability; OR	the last 3 years of date of application) clearly stating applicant has sating the severity and prognosis of a sensory, or speech, language
Signature of Principal (Current School):	
Name & Address of School:	
Telephone No.: Date:	

Official School Stamp

Applications must be received by the Academic Registry no later than the 1st July on year of entry. Please post your application form and supporting documentation to the Academic Registry, Watts Building, Trinity College Dublin, Dublin 2 marked "Language/ Mathematics Waiver". We do not accept applications via email or fax. Further information can be found at www.tcd.ie/study/eu/undergraduate/apply/disability.