

THE UNIVERSITY OF DUBLIN

Notice of Candidature for the M.A. DEGREE



Notice of candidature must reach the Academic Registry, Student and Graduate Records Team by the specified closing date of the Commencement session (see overleaf).

PERSONAL DETAILS (complete form in block capitals)

Student No:

Date of Birth:

Surname: _____ Other Name(s): _____

Name at entrance to College: _____

Maiden Name: _____

Telephone/Mobile No.: _____ Email: _____

Permanent address (for records and future correspondence, including despatch of *in absentia* degree certificate)

Are you a citizen of Ireland? YES No

CONFERRAL DETAILS

Date you wish to be conferred: Time:

Please tick whether you wish to have your degree conferred: in person *in absentia**

*written reason for this must be provided

Date of passing Bachelor's Degree examination:

Date of conferring of your Bachelor's Degree:

Title of Bachelor's Degree (and subject(s) if appropriate): _____

If you are a graduate of this University: -

Degree(s) already held from this University: _____

Date(s) of previous conferring:

If you are a graduate of ANOTHER Institution: -

Degree(s) held from ANOTHER Institution: _____

Name of other Institution: _____

PAYMENT DETAILS

I am aware that if all monies due to the College have not been paid at the time of application, the degree cannot be conferred.

I enclose a cheque/postal order/money order/bank draft for €637 made payable to TCD A/C NO. 1. OR debit Master Card VISA LASER

with the above sum. CARD NO: CVV NO:

Name of Cardholder: _____ Expiry Date: Day Time Tel. No. _____

The information you have given to the University of Dublin will be retained and relevant information will be provided to the Trinity Foundation (which is responsible for keeping you in touch with the College and each other through regular communications and events (visit www.tcd.ie/alumni)) and to Clubs and Societies of Dublin University. Please tick this box if you do **not** wish such a disclosure.

Candidate's signature: _____ Date:

I declare that the particulars given on this form are true and accurate to the best of my knowledge and belief, and hereby apply to be conferred

FOR OFFICE USE ONLY

Received:

Degree Certificate sent by Registered Post:

Acknowledged:

Degree Certificate Collected:

Collected by: _____

THE UNIVERSITY OF DUBLIN

Seanad Electoral Register: Form of Claim



All graduates of the University of Dublin who are Irish citizens are eligible to register as University Electors. The Register is published annually on **June 1st**. The last day for adding new names in any year is **February 26th**.

Please fill in the Form of Claim and return to:
Academic Registry, Watts Building, The University of Dublin, Trinity College, Dublin 2.

If you are **not eligible**, fill in **SECTION ONE ONLY** and return the form.

SECTION ONE

I AM NOT an Irish citizen Signature: _____ (NOT ELIGIBLE)

Student Number: _____

Date of Birth: _____

Surname: _____

Other Names: _____

SEANAD ELECTORAL (UNIVERSITY MEMBERS) ACT, 1937 FORM OF CLAIM TO BE REGISTERED AS A UNIVERSITY ELECTOR

SECTION TWO

Are you a citizen of Ireland? Yes No

Date of Birth: _____

Student Number: _____

Email: _____

Surname: _____

Other Names: _____

Permanent address at which you were normally resident on the 15th day of November last:

State the address to which you desire the ballot paper to be sent to (*this should be the same as your permanent address*), other than in exceptional circumstances:

Any false declaration for the purpose of this claim will render the claimant liable to a penalty.

(NOTE: Any change in address should always be notified to the Seanad Electoral Office of the University promptly; otherwise the ballot paper may be lost, and your name removed from the Electoral Register).

State the degree (other than an honorary degree) with the date on which it was conferred, in respect of which the franchise is claimed (or particulars, including date of any foundation/non-foundation scholarship obtained).

SECTION THREE

Degree: _____ Date: _____

Foundation/Non-Foundation Scholarship: Year: _____

I declare that the particulars given in this Form of Claim are true and accurate to the best of my knowledge and belief, and I hereby claim to be registered as a University Elector for the Constituency of Dublin University.

SECTION FOUR

Signed: _____ Date: _____

Do you agree to have your name included in the edition of the Register available to the public? **Note:** that this may be used for commercial purposes. Yes No

Data Protection

The data collected on this form are being obtained by the University of Dublin, Trinity College, for the purposes of maintaining the Seanad Eireann Electoral Registers for the Dublin University constituency. Personal data will not be processed, other than as permitted by law. Those providing personal data have the right to access those data and the right to rectify them. Personal data will be processed by the University of Dublin, Trinity College, in accordance with the Data Protection Acts 1988 and 2003.