

LANGUAGE WAIVER APPLICATION FORM

APPLICANT'S SURNAME:	
APPLICANT'S ADDRESS:	
TELEPHONE NUMBER:	EMAIL ADDRESS:
DATE OF BIRTH: DD / MM / YYYY	CAO NUMBER:
SITTING LEAVING CERTIFICATE: June 20	
students should only apply for a language waiver if they are n	sent a qualification in a language other than English. Therefore, not taking any languages in their Leaving Certificate examination.
LEAVING CERTIFICATE SUBJECTS (NB. At least six subjects mu	ust be presented to satisfy entry requirements): 5.
2.	6.
3.	7.
4.	8.
learning difficulties, sensory or communication disabilities from Irish must have the official school stamp on it. If you are unable to provide a Certificate of Exemption from Ir 1) Evidence of disability: (i) An Educational Psychology report (assessment within a specific learning disability; OR (ii) A medical report from a consultant/specialist clearly and communication disability.	ming that the exemption has been granted on the basis of specific is (DES Circular 0053/2019, Para. 2.2(C)). The Certificate of Exemption rish, you must provide: In the last 3 years of date of application) clearly stating applicant has stating 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 http://www.tcd.ie/study/apply/alternative-paths-to-trinity/.