



**LIT**  
FLEXIBLE  
LEARNING

**APPLICATION FORM**

September 2017

**Masters in Marketing & Management Strategy  
(Problem Based Learning)**

**2 Year Part-time Taught Masters Programme**

Website: [www.lit.ie](http://www.lit.ie)

E-Mail: [FLLIMERICK@lit.ie](mailto:FLLIMERICK@lit.ie)

**ENTRY REQUIREMENTS:**

**AN HONOURS DEGREE IN BUSINESS MANAGEMENT AND/OR MARKETING WITH A MINIMUM AWARD OF SECOND CLASS HONOUR GRADE 2**

**OR**

**A DEGREE IN BUSINESS MANAGEMENT AND/OR MARKETING AND AT LEAST 2 YEARS RELEVANT PROFESSIONAL EXPERIENCE/RESPONSIBILITY**

**OR**

**AN APPROPRIATE PROFESSIONAL BUSINESS QUALIFICATION AND AT LEAST 2 YEARS RELEVANT PROFESSIONAL EXPERIENCE/RESPONSIBILITY**

**AN INTERVIEW MAY FORM PART OF THE SELECTION PROCESS.**

**PLEASE INDICATE WHICH PROGRAMME YOU ARE APPLYING FOR:**

Masters in Marketing & Management Strategy (Problem Based Learning)  
2 Year Part-time Taught Masters Programme (1 evening a week plus 8 Saturdays)

**Part-Time Evening**

**PERSONAL DETAILS**

SURNAME:		LIT STUDENT ID NUMBER (if applicable):	
FIRST NAMES:		DATE OF BIRTH	PPS NUMBER:
ADDRESS:		NATIONALITY:	
		COUNTRY OF BIRTH:	MALE/FEMALE:
		HOME TEL:	MOBILE NO.:
EMAIL:			
Have you been living in an EU country for 3 of the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**COURSES WILL BE RUN SUBJECT TO SUFFICIENT DEMAND AND INSTITUTE RESOURCES**

**THIRD LEVEL QUALIFICATIONS**

3rd Level College Attended	From	To	Title of Course	Result (if known)

**DECLARATION (must be signed and dated by applicant)**

*I certify that the information I have provided on this form is accurate to the best of my knowledge. I agree that the Institute has authority to seek information from other Institutions in order to evaluate information provided on this form.*

Signature of Applicant:

Date:

**ADDITIONAL INFORMATION (please include work experience):**

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**OFFICE USE ONLY**

College	Year	Discipline	Level of Award	Experience	Total
Compatible: Yes <input type="checkbox"/> No <input type="checkbox"/>				Date Received Stamp	
Signed Head of Department: _____			Date: _____		
Signed Course Leader: _____			Date: _____		

## **GUIDELINES**

### **CLOSING DATE:**

**THIS APPLICATION FORM MUST BE RETURNED, FULLY COMPLETED, TO THE FLEXIBLE LEARNING DEPARTMENT, LIMERICK INSTITUTE OF TECHNOLOGY, MOYLISH PARK, LIMERICK BY THE CLOSING DATE FRIDAY 15<sup>TH</sup> SEPTEMBER 2017.**

*Applicants are advised to submit application forms and documentation by the required closing date, as demand for places is expected to be greater than the number of places available. Applications received after the closing date will only be considered if there are places available after all offers have been exhausted.*

### **OFFERS:**

*Should an offer be made you must confirm your acceptance of a place within 10 working days otherwise the offer of a place will lapse. Please note courses will only run in any given year subject to sufficient numbers enrolling. **A maximum of 25 places are available on this course.***

### **ACKNOWLEDGEMENT:**

*If you wish to receive acknowledgement of receipt of your application by the Flexible Learning Department, please enclose a stamped addressed postcard.*

### **FEES:**

*Total Fees for the Academic Year 2017/2018 will be advised to all applicants and should be paid prior to the commencement of courses.*

*Special Conditions apply to Non-EU Applicant. Please contact the Admissions Office for further details.*

### **DISABILITY:**

*If you consider yourself to have a disability or significant health problem, please attach details.*

*Flexible Learning Department,  
Limerick Institute of Technology,  
Moylish Park,  
Limerick*

**Telephone: 061-293802 Fax: 061 293001**

**Email: [FLLimerick@lit.ie](mailto:FLLimerick@lit.ie)**

**Website: [www.lit.ie/Flexiblelearning](http://www.lit.ie/Flexiblelearning)**