**SCHOOL OF MEDICINE**

**MSc APPLICATION 2025**

*Section to be completed by the principal supervisor*

*(Data required for Athena Swan applications).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Was the position advertised?** | **Yes** |  | **No** |  |
| **If advertised, number of female applications** |  |
| **If advertised, number of male applications** |  |
| **Selection process** |
| **Interview** | **Yes** |  | **No** |  |
| **Written Application** | **Yes** |  | **No** |  |
| **References** | **Yes** |  | **No** |  |
|  |
| **Total number interviewed (If applicable)** |  |
| **Number of female applicants interviewed** |  |
| **Number of male applicants interviewed** |  |
| **Number of offers to female candidates before acceptance**  |  |
| **Number of offers to male candidates before acceptance**  |  |

**SCHOOL OF MEDICINE**

**MSc APPLICATION 2025**

All sections must be completed, incomplete applications will be returned.

**This form must be typed.**

**A copy of valid identification must be included with this application.**

**Applicants are strongly encouraged to contact current or previous students of their proposed supervisor prior to submission of an application.**

**SECTION 1** *(To be completed by the applicant)*

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** | **Last name** | **Country of birth** | **Country of citizenship** |
|  |  |  |  |
| **Date of birth (dd/mm/yyyy)** | **Gender** |
|  |  |
| **Permanent address (Including Eircode for Irish addresses)** |  |
| **Phone number** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **First language** |  |
| **Second language (if applicable)** |  |

Please note if English is not your first language please provide evidence of proficiency as per UCD’s regulations available [here](https://www.ucd.ie/registry/prospectivestudents/admissions/policiesandgeneralregulations/generalrequirements/minimumenglishlanguagerequirements/).

|  |  |
| --- | --- |
| **UCD student number (If applicable)** |  |

**PLEASE SUBMIT ENGLISH TRANSCRIPTS** *(Not required for UCD qualifications)*

|  |  |
| --- | --- |
| **Qualification** |  |
| **Overall grade** |  |
| **Awarding institute** |  |
| **Dates of attendance** |  |
| **Conferral date**  |  |

**Qualification 2 (If applicable)**

|  |  |
| --- | --- |
| **Qualification** |  |
| **Overall grade** |  |
| **Awarding institute** |  |
| **Dates of attendance** |  |
| **Conferral date**  |  |

**Proposed degree of study**

|  |  |
| --- | --- |
| **MSc F/T** |  |
| **MSc P/T** |  |

**Start Date**

|  |  |
| --- | --- |
| **May 2025** |  |
| **September 2025** |  |
| **Will you be engaged as a demonstrator and/or clinical tutor in tandem with undertaking your research degree?** Yes (please provide details below)NoDetails: |

**Research Proposal**

|  |
| --- |
| **Title of Project:** |
| **Background****Hypothesis/es****Approach (Study Design and Methodology)****References** |

**SECTION 2** *(To be completed by the principal supervisor)*

**Principal Supervisor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First Name** |  | **Last Name** |  |
| **Email** |  |
| **UCD personnel number** |  |
| **Section Affiliation** |

|  |  |  |
| --- | --- | --- |
| Biomedical Science | Community, Forensic & Legal Medicine | Diagnostic Imaging |
| Medicine & Medical Specialities | Surgery & Surgical Specialities | Women’s & Children’s Health |

 |
| **Subject Affiliation** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Clinical Pharmacology | Forensic & Legal Medicine | General Practice | Human Anatomy |
| Medical Informatics | Medical Microbiology | Medicine & Therapeutics | Obstetrics & Gynaecology |
| Oto-Rhino-Laryngology | Paediatrics | Pathology | Physiology |
| Psychiatry | Psychotherapy | Radiology | Surgery |

 |
| **No. of students supervised to completion:**MSc-PhD-MD- |
| **No. of postgraduate research students under primary supervision at present:**MSc-PhD-MD-If currently acting as primary supervisor for 5 or more postgraduate research students the application must be discussed with the School of Medicine’s Associate Dean for Research, Innovation and Impact prior to submission.  |

|  |  |
| --- | --- |
| Supervisory training completed**Yes No**If yes please provide details | Permanent member of UCD academic staff**Yes No** If no please indicate current status: \*Adjunct:**Yes No**  Academic Contract:**Yes No** Start date/ End Date contract: |

*\*If Adjunct Staff; please consult the Approval of Adjunct & Visiting Staff as Supervisors Procedure* [*here*](https://www.ucd.ie/graduatestudies/documentrepository/)*. Please return completed form with current CV to:* *medicine.research@ucd.ie*

**Co-Supervisor** *(if applicable).*

*The inclusion of a permanent faculty co-supervisor is mandatory for all MSc projects with an Ad Astra Fellow or Adjunct staff member as the principal supervisor).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First name** |  | **Last name** |  |
| **Email** |  |
| **UCD personnel number**  |  |

**Assistant Supervisor** *(if applicable)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First name** |  | **Last name** |  |
| **Email** |  |
| **UCD personnel number**  |  |

If additional supervisors are involved, please duplicate the above fields. Please note that other supervisors are required only where their expertise is required for the student’s research on an ongoing basis. Regulations available [here](https://www.ucd.ie/graduatestudies/documentrepository/).

**Research Studies Panel:** *Guidelines are available* [*here*](https://hub.ucd.ie/usis/%21W_HU_MENU.P_PUBLISH?p_tag=GD-DOCLAND&ID=219)*.*

**Adviser** *(Nominee must have agreed to take on the role)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First name** |  | **Last name** |  |
| **Email** |  |
| **Affiliation**  |  |

**Adviser 2** *(If applicable, nominee must have agreed to take on the role)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First name** |  | **Last name** |  |
| **Email** |  |
| **Affiliation** |  |

**Details of funding for proposed study period**

Please state if these funds are guaranteed or if an application for funds is in progress.

Supervisors of self-funded students must discuss the application with the School Medicine’s Associate Dean for Research, Innovation and Impact prior to submission.

|  |  |
| --- | --- |
| **Source** |  |
| **Amount Per Year** |  |
| **Period** |  |

**Confirmation** **full fees are included in funding for the duration of the programme.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

**If No: Please calculate approximate short fall in fees.**

[EU Fees](https://www.ucd.ie/students/fees/eucoursefees/) [Non-EU Fees](https://www.ucd.ie/students/fees/noneucoursefees/)

|  |  |
| --- | --- |
| **Year**  | **Approximate Shortfall** |
| Year 1 24/25 |  |
| Year 2 25/26 |  |
| Year 3 26/27 |  |
| Year 4 27/28 |  |
| **Total Shortfall** |  |

**Location of Research**

**Is it planned that the student will complete more than one trimester of the proposed research at an institution other than UCD or UCD-affiliated sites?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

**If YES then a Split Site agreement must be completed, signed by Head of School and the permission of the UCD Graduate Research Board must be sought.**

**Split-Site Policy available** [**here**](https://www.ucd.ie/graduatestudies/documentrepository/)**.**

|  |
| --- |
| **DECLARATION BY PRINCIPAL SUPERVISORS** |
| **NOTE: *Emails from the named individuals are acceptable in the place of signatures – please attach copies.***I acknowledge that the particulars given by me in this application are in every respect true:I have read and understood the [academic regulations](https://www.ucd.ie/students/exams/assessinggraduateresearchtheses/regulationsandpolicy/) relating to this programme and are aware of my responsibilities |
| **Principal Supervisor** |  |
| **Signature** |  |
| **Date** |  |
|  |
| **Co-Supervisor (If applicable)** |  |
| **Signature** |  |
| **Date** |  |
|  |
| **Assistant Supervisor (If applicable)** |  |
| **Signature** |  |
| **Date** |  |

|  |
| --- |
| **DECLARATION BY APPLICANT** |
| I acknowledge that the particulars given by me in this application are in every respect true.I have read and understood the [academic regulations](https://www.ucd.ie/students/exams/assessinggraduateresearchtheses/regulationsandpolicy/) relating to this programme and are aware of my responsibilities.I acknowledge that UCD may seek verification of my qualifications as part of the normal admissions procedures. |
| **Name** |  |
| **Signature** |  |
| **Date** |  |