



National University of Ireland, Galway
Ollscoil na hÉireann, Gaillimh

M.A Top Up/Dissertation Application Form

Name: _____ Student ID No: _____

Address: _____

Tel: _____ Mobile: _____

E-mail: _____

Health Promotion (1HP3)

Journalism (1AJ3)

Arts Policy & Practice (1MPP3)

Higher Education Details

Degree Title	Institution	Level of Award	Year	Result/Grades

Employment Details

Name of Employer	Employment Period	Nature of Work	Responsibility

Any additional comment which may be useful (please attach a separate sheet if necessary)

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TO BE COMPLETED BY THE PROGRAMME DIRECTOR:

Title of Dissertation	No of Words	Date of Submission

Signed by the Programme Director: _____ Date: _____

Signed by Applicant: _____ Date: _____

**COMPLETED FORM SHOULD BE SENT TO MAIRÉAD NI DHOMHNAILL,
ROOM 339, 2ND FLOOR, COLLEGE OF ARTS, SOCIAL SCIENCES &
CELTIC STUDIES, ARTS MILLENNIUM BUILDING.**