



UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

LANGUAGE EXEMPTION DECLARATION FORM

Applicant Information

SURNAME:

FIRST NAME(S):

ADDRESS:

DATE OF BIRTH:

Format DD-MM-YY

CAO NUMBER:

EMAIL:

Please include email address you check most regularly

HOME PHONE NUMBER:

MOBILE PHONE NUMBER:

Attendance at Post-Primary School

Year of commencement of study at Second-Level e.g. 2nd year, 3rd year etc:

This Language Exemption Application is for the following reason - Please indicate:

Disability or Specific Learning Difficulty

Born and part-educated outside of Ireland

School Principal Declaration:

This is to certify that the information on this form relating to this student is correct.

School Principal Signature:

DATE:

School Address:

School Stamp:

SCHOOL TELEPHONE NUMBER: