

Radiography & Diagnostic Imaging

UCD School of Medicine

Pre-course requirement for UCD Graduate Diploma Medical Imaging Programme

[Grad Diploma Medical Imaging | UCD School of Medicine](https://www.ucd.ie/medicine/studywithus/graduate/radiographydiagnosticimaging/specialistprogrammes/graddiplomamedicalimaging/)

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| --- | --- |
| **Applicant Name** |  |
| **Contact email** |  |

In order to fulfill the pre-course requirements for the Graduate Diploma Medical Imaging Programme in UCD, students are required to have completed the following:

* Personal Statement
* Signature of sponsor / person or organisation paying the fees (if not self-funded)

**Course Administrator:** Radiography & Diagnostic Imaging Administration Office,

 Graduate Taught Programmes

 Room A222,

 School of Medicine,

 University College Dublin,

 Belfield,

 Dublin 4.

**Email:**  graduate.imaging@ucd.ie

**ALL SECTIONS OF THIS DOCUMENT MUST BE TYPED APART FROM THE PAGE WHICH REQUIRES SIGNATURES. PLEASE ENSURE YOUR EMPLOYER / FINANCIAL SPONSOR HAS READ OVER THIS DOCUMENT AND AGREES TO ALL TERMS BEFORE SIGNING.**

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| Programme X945 | September OfferingPart Time |  |

***Applicants that require a visa to travel MUST apply for the full-time offering otherwise they may not be granted a study visa. Applicants are required to organise their own visa and travel arrangements.***

**Successful candidates will be provided with a list of suitable modules, which will be discussed on an individual basis. For more information on the available Grad Dip / MSc modules, please search** [**here**](https://hub.ucd.ie/usis/%21W_HU_MENU.P_PUBLISH?p_tag=MODULESARCHIVE&ARCHIVE=Y)**.**

All students must undertake a module in research methods in either Autumn or Spring Trimester.

Students can take a maximum of **30 ECTS** per Trimester.

Total credits for the programme are **60 ECTS**.

Please use the space below to reflect on your experience in the Diagnostic Imaging Department. You should provide a brief summary of why you wish to study to Grad Diploma level, what you hope to achieve by completing the course and any problems/difficulties you may encounter during your studies. Maximum 250 words.

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Please provide email contact details of two referees who can comment on your suitability for the course, motivation, and ability to study.

**Referee 1**

Email address: …………………………………………………………

Capacity in which the referee is known to the applicant: ……………………………………………………..

**Referee 2**

Email address: …………………………………………………………

Capacity in which the referee is known to the applicant: ……………………………………………………..

…………………………………………………………………………….

1. Complete here if you are **a sponsored student**:

I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name in block capitals) fees for the Graduate Diploma Medical Imaging Programme will be paid by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the funding body in block capitals).

Fee details can be found at this link: <https://www.ucd.ie/students/fees/index.html>

Your signature below supports the above statement.

|  |  |
| --- | --- |
| Applicant name (in block capitals) |  |
| Signature  |  |
| Date (DD/MM/YY)  |  |
|  |  |
|  |  |
| Sponsor / Organisation responsible for paying fees (in block capitals) |  |
| Signature |  |
| Date (DD/MM/YY) |  |

1. Complete here if you are **self-funded:**

I confirm that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant’s name in block capitals), will cover my own tuition fees for the Graduate Diploma Medical Imaging Programme.

Fee details can be found at this link: <https://www.ucd.ie/students/fees/index.html>

Your signature below supports the above statement.

|  |  |
| --- | --- |
| Signature |  |
| Date (DD/MM/YY) |  |