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| Maynooth-University-Logo_CMYK_AW | **Ollscoil Mhá Nuad**  **Maynooth University**  **Form No: GSF5**  (Version 2, July 2020) |

**Credit Waiver and Course Variation Form**

**Principles**: Credit waivers may be granted on the basis of prior learning or where the student’s prior certified or experiential learning is such that they would not benefit from taking the compulsory 15 credits in either transferable or subject-specific modules. Alternatively, the split between subject-specific and transferable skills modules can be altered (course variation).

Credit waivers and course variations should be sought in justified cases only. Especially in relation to credit waivers students are encouraged to take advantage of the flexibility of structured PhD programmes to maximise the benefits of their postgraduate studies rather than seeking waivers.

Where the student agrees with their supervisor that a credit waiver or course variation is appropriate in their circumstances, the student will complete the form below and present it to their Departmental Research Student Progress Committee (DRSPC) for consideration and approval. If the request is approved, the fully signed form and the student’s initial meeting record should be forwarded to the Dean of Graduate Studies for ratification. The Graduate Studies Office advises the student, supervisor once ratified and forwards to the Students Records Office.

**To be completed by the student (BLOCK CAPITALS)**

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| --- | --- | --- | --- | --- | --- |
| Last Name: |  | | First Name: |  | |
| Landline No: |  | | Mobile No: |  | |
| Department: |  | | Email: |  | |
| Year admitted: |  | | Term admitted: |  | |
| Expected date of completion: | |  | | | |
| Student No: |  | | Full-time or Part-time: | |  |

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| **Approved (by members of Departmental Research Student Progress Committee)** | | | |
| Name: |  | Date: |  |
| Name: |  | Date: |  |
| Name: |  | Date: |  |
| Name: |  | Date: |  |

**Certificated Prior Learning (to be filled out by the student)**

**Note***(please attach)*:

1. Transcript of results.
2. Course details.
3. Content and assessment procedures.

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| Prior learning | Year | Module Exemption | Credits |
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**Prior Experiential Learning (to be filled out by the student)**

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| Module code: |  |
| Module learning outcomes: |  |
| Learning from experience: (In approximately 500 words, please write a short critically-reflective testimonial to describe your learning gained in experience and how it relates to each of the learning outcomes for the module(s). Attach documents of evidence where appropriate to support your claim). | |

**The Head of Department should send the form (including all academic transcripts) to:**

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| Email: | researchstudentforms@mu.ie |
| By post: | Graduate Studies Office, John Hume Building, Maynooth University, Co Kildare |

**Approval by Dean of Graduate Studies/Registrar**

|  |  |  |
| --- | --- | --- |
| Name: |  | Comment: |
| Signature: |  |
| Date: |  |

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| **For Office Use Only – Graduate Studies** |

Send email of approval to the Student/Supervisor/Head/Records Office

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| --- | --- | --- |
| Student | Supervisor | Head of Dept |
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Send copy to the Records Office

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| Records Office |
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**For Office Use Only – Graduate Studies**

**For Office Use Only – Registry .**

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| Application Created on ITS | Signed: | Date: |
| Certs Seen Updated | Signed: | Date: |
| Transcripts noted in ITS | Signed: | Date: |