

Radiography & Diagnostic Imaging

UCD School of Medicine

Pre-course requirement for UCD MSc Medical Imaging Programme

<https://www.ucd.ie/medicine/studywithus/graduate/radiographydiagnosticimaging/specialistprogrammes/mastersinmedicalimaging/>

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

In order to fulfill the pre-course requirements for the MSc 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 X677  | September OfferingFull Time  |  |
| Programme X674 | September Offering Part Time  |  |
| Programme X675 | January Offering Part 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 MSc modules, please search** [**here**](https://www.bing.com/ck/a?!&&p=f526f2239936c063JmltdHM9MTY4OTcyNDgwMCZpZ3VpZD0zZjhkODEyZC05NGRmLTYwMmEtMjRlOC05MzdhOTVhMDYxY2ImaW5zaWQ9NTIxMw&ptn=3&hsh=3&fclid=3f8d812d-94df-602a-24e8-937a95a061cb&psq=ucd+modules&u=a1aHR0cHM6Ly9odWIudWNkLmllL3VzaXMvIVdfSFVfTUVOVS5QX1BVQkxJU0g_cF90YWc9TU9EU0VBUkNIQUxM&ntb=1)**.**

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| \*Dissertation (Medical Imaging) **Module Code RDGY41130***Blended Learning*  | Year-long (12 months)30 credits  |

All students must undertake a module in research methods in either Autumn or Spring Trimester of Year 1.

\*All students must undertake Dissertation (Medical Imaging) module in Year 2.

Students can take a maximum of **40 ECTS** per Trimester.

Total credits for the programme are **90 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 MSc 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 at Masters level.

**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 MSc 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 MSc 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) |  |