

Psychologist's Certification Form

This form should be completed by a qualified professional and returned along with the completed Matriculation Registration Exemption (School Record Form).

This form is particularly relevant to students in schools not covered by DES circular letter M10/94.



Ollscoil na hÉireann
National University of Ireland
The Registrar,
49 Merrion Square,
Dublin 2, Ireland

Phone +353 1 439 2424
Fax +353 1 439 2466
registrar@nui.ie
www.nui.ie

Students seeking to matriculate in the NUI are required to present six Leaving Certificate subjects, including Irish, English and a third language. A student who is certified by a qualified professional as having a dyslexic condition causing such a learning difficulty in relation to language acquisition as to warrant exemption may be exempted from the requirement to present Irish and/or a language other than English for matriculation. This means that the student may substitute other Leaving Certificate subjects in place of the Irish and another language. It is drawn to the attention of professionals completing this form that the purpose here is to make special provision for students who in all other respects can be expected to meet the standards required for NUI matriculation but, who because of their learning difficulty in relation to language acquisition should not be required to present the subject 'Irish' or another language apart from English as a Leaving Certificate subject. It is not the intention that students should qualify for exemption on the basis of poor standards of literacy.

Please write in block capitals.

Applicant's surname

Applicant's first name(s)

In your professional opinion, has this student a dyslexic condition causing such a learning difficulty in relation to language acquisition as to warrant exemption?

Yes

No

On what evidence is this opinion based? Please indicate here the results of any relevant tests which you have carried out in assessing the student.

In your view, should this candidate be exempted from Irish and/or Third Language for NUI matriculation?

Yes

No

Psychologist's details

Surname

First name(s)

Address

Qualification(s)

I confirm that, to the best of my knowledge, the information given in this application is correct.

Signature of Psychologist

Date of signature

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