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|  | The University of Edinburgh  College of Medicine and Veterinary Medicine |

# **PReDICTED GRADES REQUEST FORM**

**IRELAND – IRISH LEAVING CERTIFICATE**

Please complete this form electronically where possible

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| Name of Applicant: |
| UCAS Personal ID Number: |
| School Name & Address: |

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| Subjects | | Predicted Grades *(Please specify which subjects are taken at Ordinary Level or Higher Level)* |
| **Subject & Level** |  |  |
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| **Teacher’s Name:** | **Teacher’s Signature:** | **Date:** |