THE NAME OF COLLEGE/UNIVERSITY IN CY

Address: Tel: Web:

APPLICATION FOR ADMISSION UNDERGRADUATE PROGRAMMES / MBA

| Name: Mr/Miss/Mrs | / | | (Please Print) Middle(father's name) | | | | |
|---|--|---|---------------------------------------|--|--|--|--|
| | Last Name (family) | Given Name | Middle(father's name) | | | | |
| Admission is being reque | ested for the SEMESTER | beginning in the | of the YEAR:(Fall, Spring or Summer) | | | | |
| APPLICATION INSTI | RUCTIONS: | | (, , . , | | | | |
| You have enclosed the Application fee: Migration fee: I Spassport - size All supporting of Two attested costudents) Certified transla | Euro 65 (non-refundable) Euro 85, (non refundable) photographs documents pies of the passport (for i ation, if documents are no fully the Official Current | e) nternational students t in English or Greel Prospectus of the C | s) or identity document (for local/EU | | | | |
| THE COLLEGE/UNIV Admissions Office, P.O. Box | TERSITY: , Cyprus. | | | | | | |
| PART 1 – PERSO | NAL DATA | | | | | | |
| NAME: | FAMILY NA | ME: | | | | | |
| Title: Mr / Mrs / Miss | Sex: Male | e / Female | | | | | |
| Marital Status: Single / M | Married | | | | | | |
| Date and Place of Birth: Permanent Home Address | ss: | | | | | | |
| Street No & Name | | City: | | | | | |
| District | | Cour | ntry: | | | | |
| e-mail address | | | | | | | |
| Telephone | | Fax | | | | | |
| Country of Citizenship | | Native Language | e | | | | |
| Nationality | | | | | | | |
| Do you have any physica | al handicaps which the Co | ollege/University sho | ould be aware of? | | | | |
| | | | | | | | |
| • | | | | | | | |
| Place of issue | Da | te of expiry | | | | | |

| n | ADTA D | NDO CD A MME | | |
|-----------------|------------------|---|---------------------|---|
| a) | | PROGRAMME MME for which you are applying – FII | RST CHOICE | |
| b) | PROGRAM | MME OF SECOND CHOICE | | |
| | ar / semester | for which you are applying | | |
| | ident status: | nsfer student from a University or colle | ege of Higher educa | tion |
| | | part time student (overseas students o | | |
| <u>P</u> | ART 3 - E | <u>CDUCATION</u> | | |
| | recent studer | list in chronological order, Seconda idary/Intermediate or Secondary/Se first. For transfer students, list also its, Transcript of Bachelors degree. attach certified copies of certificate | the University or | ols (10+2) you have attended ool Certificate for Russians) the most College of Higher Education. For MBA o support this information. |
| Г | Dates | Name and Type of School | General | Qualifications Received, certificate, |

| Da From | tes To | Name and Type of School (secondary, college etc.) | General Average Grade | Qualifications Received, certificate, diploma etc. (Apolyterion and date of graduation) |
|------------|-----------|---|--------------------------|---|
| | | | | |
| | | | | |
| | | | | |

b) Qualifications earned through other Examinations including the English language

| Examination Date From To | | Name of Examining Body | Subject Name | Level Exam. | Results / Grades Obtained |
|--------------------------|--|------------------------|--------------|-------------|------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

c) English Language Examinations

| TOEFL - Score | Date |
|----------------------------------|------|
| G.C.E. English 'O' Level – Grade | |
| IELTS. (Academic Format) Score | Date |
| I.G.C.S.E. Score. | |
| Other (please specify): | Date |

d)_fresh students who do not produce, with their application, evidence of knowledge of English, as above or equivalent, will be required to take the Placement test in English of the College/University, on their arrival to Cyprus

PART 4 – FINANCIAL DATA

| Sponsors Certifica who will assume re educational Bank I | sponsibility | for financial obli | nust be filled by the gations whilst student | ne sponsor (parent, guardian dying at the College/Univer | or student self sponsoring), sity in Cyprus. In case of | | |
|---|--|--|--|--|---|--|--|
| Sponsor's Name: (in block Letters) | | | | | | | |
| Address | | | | | | | |
| Telephone | | e-1 | mail | | | | |
| Relationship to Stu | dent | | | | | | |
| Bank's name and a | ddress | | | | | | |
| I hereby confirm th application, and that | at I am assu at I will be r | iming financial res esponsible in the e | sponsibility for the event of default. | e financial obligations of the | student named in this | | |
| Date | | | | | | | |
| Sponsor's signature | e | | | | | | |
| In case of Educatio | nal loan, pl | ease give details | | | | | |
| | 7.1 | S | | | | | |
| <u>PART 5 – PR</u> | OFESS | IONAL EXP | <u>ERIENCE</u> | | | | |
| List in chronologica years | al order (the | e most current first | e), all professional | employment positions held | during the last seven | | |
| Position Held | Dates | Company Name | Location | Name and Title of Immediate Supervisor | Telephone number (including area code of Supervisor) | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PART 6 – AC | COMM | ODATION A | ND TRANSP | ORTATION SERV | <u>ICE</u> | | |
| a) Please indicate which is appli | | n College/Universi | ity to find tempor | rary accommodation on yo | ur behalf. (tick | | |
| YES | | NO | | | | | |
| If your answer above is YES please indicate your preferred choice of accommodation | | | | | | | |
| Hotel | Hotel Shared room One or two bedroom apartment on my own | | | | | | |
| Shared Apartment Single room Other | | | | | | | |
| | | | | ort pick-up and transfer from U niversity) on your behalf (| | | |
| YES | | NO | | | | | |
| If your answer is NO please provide the following: Complete names (native) of the person who will pick you up, where he/she is studying or working, the full postal address and telephone number: | | | | | | | |
| | | | | | ÷ • | | |

PART 7 - REFERENCES

In support of your application, you are required, to submit one or two letters of Recommendation that could be required preferably from your latest Principal / School Counsellor / Senior Teacher or Employer. This recommendation will facilitate the decision of the Office of Admissions.

| a) | Name Family Name | ; | | | | | | |
|-----------------------|--|--------------------|----|--|--|--|--|--|
| | Postal Address Telephone | | | | | | | |
| | e-mail | | | | | | | |
| b) | | | | | | | | |
| | Postal Address Telephone | | | | | | | |
| | e-mail Relationship | | | | | | | |
| | • | | | | | | | |
| P <i>P</i> | ART 8 -APPLICANT'S STATEMENT | | | | | | | |
| a) | I certify that the information given on this application is complete and accurate to the best of my knowledge. I hereby apply for admission and, if accepted and enrolled, agree to comply with the regulations of College/University. | | | | | | | |
| Name and Signature | | | | | | | | |
| | Date | | | | | | | |
| b) | Sponsor's Acceptance. | | | | | | | |
| | Name and Signature | | | | | | | |
| | Date | | | | | | | |
| | | Transfer Credit No | | | | | | |
| FOR OFFICIAL USE ONLY | | | | | | | | |
| | | PCN | | | | | | |
| A A A | Application Received on | me /English/)r | | | | | | |
| O A L D A | TL MPE | oos. Rec. onRec. | No | | | | | |
| | Peposit Rec. on | | | | | | | |