

Please attach 2 recent photographs

APPLICATION FOR ADMISSION Please turn to Admission Guidelines (at the back of this form) for instructions on how to complete this application. Family/Surname First name Middle name **FULL NAME** ADMISSION INFORMATION Semester for which you are applying: Please indicate below your intended area of study: Bachelor (BBA, BSC, BA) Master (MA, MBA, MSc) FALL (September) 201..... Business Administration (MBA) Accounting **Biomedical Sciences** - Financial Management SPRING (February) 201..... **Business Economics** - Human Resource Management **Business Studies** Marketing SUMMER SESSION (June) 201...... ☐ Civil and Environmental Engineering - Management **Computer Engineering** - Oil & Gas Management - Data & Computer Networking Computer Science **Entering as:** Telecommunications Early Childhood Education Computer Science Full-time Part-time Music Education Game Design & Development — Software Engineering Occupational Safety and Health Electrical and Electronics Engineering Psychology English Language and Literature Clinical Hotel, Tourism and Event Management ---- Counseling Information Systems (Web Technologies) Other _ Management and Leadership Marketing Communications and Social Media Music Nursing Physiotherapy Psychology FOR OFFICE USE ONLY - Please do not write in this section

	Amount Receipt No.					Date					
Application Fee							Ref. No.				
Down Payment							Reg. No				
International Student Guarantee					Transferred from						
Immigration Deposit							TC				
Processing Dates F	R: Day	Month	Year	A: [Day	Month	Year	P: Day	Month	Year	
EPT Date	ay M	onth	Year	EPT	Result	099	100	101	102	103	
Visa Submitted Semester					ch No.	Status		Visa Approve	d RD	RJ	
Scholarship/ Financial Aid			Valid for	1 Year	All years	Other					
Notes											

Family/Surname First Name Middle name 1. Full name: **2.** Permanent address in your country: 3. Current mailing address (if different from permanent address): City: City: Postal Code: Postal Code: Country: Country: Email Address: **Email Address:** Telephone: Telephone: Fax: Fax: Mobile: Mobile: Month ID Card / Passport No. Day Year 4. Date of Birth: Country of Residence Country of Citizenship Place of Birth Religion (optional) **5.** Nationality **6.** Sex Male Female Marital Status: Single Married 7. Father's full name: 8. Mother's full name: Mailing Address Mailing Address Deceased Deceased Living Living **Occupation Occupation** Telephone: Telephone: 9. STUDENT WITH SPECIAL NEEDS European University Cyprus supports and accommodates students with special needs such as reading disorder, dyslexia and hearing impairment. Please specify if you have a special need: 10. FOR INTERNATIONAL STUDENTS ONLY Your application for admission to European University Cyprus is subject Passport No. to approval by the Ministry of Education and Culture and the Cyprus Migration Office. Student visas are issued in Cyprus. Upon the Place of Issue Migration Office's approval, the original copy of the Temporary Student Visa will be sent to successful applicants by the Office of Admissions. Day Month Year A Temporary Residence Permit (Pink Slip) will be issued after students Date of Issue arrive at European University Cyprus and complete all necessary admission, registration and payment requirements. International

students holding a student visa must be enrolled for full-time study.

Date of Expiry

Month

Year

PERSONAL DATA

EDUCATIONAL BACKGROUND

	Please list in	URRENT EDUCA chronological or ificates, diploma	der, all												nal or attes	ted	
		Name of School/University			Locatio City/Cou	Date of Attendance From To			Certificate/ Award	Average Grade		La	Language of Instruction				
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12.	ENGLISH LAN	NGUAGE PROFIC	CIENCY														
		if you have ever his application o		-	wing English language l			examinations. Atteste		ed copies of o		f officia	official results must				
	T0EFL	Score	Date	Day	Month	Year	IELT		TS I	Band:	Date	Day		Month	Year		
	GCE/GCSE	Grade:	Date	Day	Month	Year											
13.	Please list any	other qualificatio	ns (GCE,	LCCI, etc.	.) obtained	by exami	nation. Co	ertified/	atteste	d copies of off	icial results	mus	t acco	mpany t	nis applicati	on.	
	Subject				Boar	d or Exa	mining Body			Grade/Result			Date	Examir	nation Take	n	
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14.	EMPLOYMEN	IT RECORD (GR/	ADUATE				ent posit	tion to i	nclude	the past five	years)						
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					APPLIC	CATIO	N INF	ORM	ATI	0 N							
15.	How did you f	first learn about l	Europeai	n Universi	ity Cyprus?)											
EUC student or graduate					High School Counseling Office or High Sch					ool Teacher			Fellow Student				
	Website		Leafle	ts sent by	European	Universit	y Cyprus		Adve	ertisements			Family	/ Friends	3		
	EUC lecturer/staff (name)							Other (please specify)									
16.	List other coll	eges/universitie	s to whic	ch you are	e applying	(optiona	l)										
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Date Day

Month

Year

APPLICATION INFORMATION

This application will become part of your permanent record at European University Cyprus. It should be completed and returned with all necessary documents to:

Office of Admissions European University Cyprus P.O.Box 22006 1516 Nicosia - Cyprus

For immediate inquires please phone, fax or email:

Tel: +357-22713000 Fax: +357-22713172 email: admit@euc.ac.cy

www.euc.ac.cy

Admission Requirements

The applicant is required to submit the following items:

1. The Application Form

Fill in this form and submit it with a non-refundable application fee of €52.

2. Academic Records

- a) <u>For Undergraduate Students.</u> Enclose attested copies of high school leaving diploma and final grade marksheet. Where necessary, these academic records and examination results must be translated into English.
- b) For Graduate Students. Enclose an atttested copy of your Bachelor's Degree and official transcripts in English. In addition, applicants must submit two letters of recommendation and proof of work experience.

Visa attestations vary for each country (for more details, students must contact the Office of Admissions).

3. Transfer Students

Students who have started their college/university education elsewhere and wish to apply for admission to European University Cyprus as transfer students, must submit official transcripts (marksheet) and course descriptions or syllabi in English for all work previously completed. Attestations must be made by the awarding institution.

4. Passport Copies

Enclose a copy of your valid passport. (International Students Only).

English Language Proficiency

English is the language of instruction at European University Cyprus. Applicants whose native language is not English will take the university's English Placement Test (EPT). Applicants who have passed either the TOEFL examination with a mimimum score of 550, (Paper-Based Total) or 213 (Computer-Based Total), English Language GCSE (or GCE) 'O' level with Grade 'C' and above or IELTS with a score of 6.5 and above, are exempt from the EPT, provided they have submitted original or attested results to the Office of Admissions. English is not a requirement for admission. Candidates whose English proficiency is not up to the university's standard will take special English language classes.

For Direct Contact

Natalie Neocleous, Admissions Officer email: N.Neocleous@euc.ac.cv

Ioanna Demou, Secretary email: i.demou@euc.ac.cy

