

APPLICATION FOR ADMISSION

SCHOOL OF MEDICINE, BACHELOR OF DENTAL SURGERY (BDS, 5 YEARS)

YEAR OF ENTRY Indicate the year of entry for which you are applying: FALL SEMESTER 20

PERSONAL DATA

1. Full name: First Name Family/Surname Middle name

2. Permanent address in your country:

City:

Postal Code:

Country:

Email Address:

Telephone: Fax:

Mobile:

Skype ID:

3. Current mailing address (if different from permanent address):

City:

Postal Code:

Country:

Email Address:

Telephone: Fax:

Mobile:

Skype ID:

4. Date of Birth : Day Month Year

ID Card / Passport No.

Country of Residence

Country of Citizenship

Place of Birth

5. Nationality :

Religion (optional)

6. Sex : Male Female

Marital Status : Single Married

7. Father's full name:

Mailing Address

Living Deceased

Occupation

Employer

Telephone

Email

8. Mother's full name:

Mailing Address

Living Deceased

Occupation

Employer

Telephone

Email

9. **STUDENT WITH SPECIAL NEEDS.** Please specify if you have a diagnosed special need or physical or learning disability such as reading disorder, Dyslexia, ADD or sight or hearing impairment.

EDUCATIONAL BACKGROUND

11. PREVIOUS/CURRENT EDUCATION

Please list in chronological order, all schools (secondary, college, university) you have attended or are currently attending. Original or attested copies of certificates, diplomas, degrees, marksheets or any other supporting documents must accompany this application.

Name of School/University	Location City/Country	Date of Attendance From	Date of Attendance To	Certificate/Degree Awarded	Average Grade	Language of Instruction

High School: Grade in Biology Grade in Chemistry Grade in Physics Grade in Maths

GCE A Level: Grade in Biology Grade in Chemistry Grade in Physics Grade in Maths

12. ENGLISH LANGUAGE PROFICIENCY

Please state if you have ever taken or will take any of the following English language examinations. Attested copies of official results must accompany this application or be forwarded as soon as received.

TOEFL Score: Date Day Month Year IELTS Band: Date Day Month Year

GCE/GCSE Grade: Date Day Month Year OTHER Date Day Month Year

13. Please list any other qualifications (GCE, IB, UKCAT, etc.) obtained by examination. Certified/attested copies of official results must accompany this application.

Subject	Board or Examining Body	Grade/Result	Date Examination Taken

14. EMPLOYMENT RECORD (The Office of Admissions requires a chronological listing of the Applicant's employment history since graduation from high school).

Position Held	Date of Employment From	Date of Employment To	Name of Organization, Location	Telephone No.

15. AWARDS & HONORS (Please list any awards or honors in chronological order you may have received)

Dates	Awards/Honors	Brief Description

16. VOLUNTEER INFORMATION

If applicable please provide a chronological list of volunteer activities in which you have been engaged as a separate, letter-sized typed page. Please provide beginning and ending dates, the name and location of the organization and a brief description of your duties or activities. Do not exceed one typed page.

17. PERSONAL STATEMENT

The Admissions Committee requires a brief personal statement concerning your Dentistry career expectations. On one letter-sized typed page, please summarize, in concise terms, the development of your interest in Dentistry, your goals in pursuing a dental career, and the personal attributes that qualify you to become a Dental Surgeon. Briefly describe the skills and values that you believe a dentist should possess to practice dentistry in the 21st Century. Summarize how your experiences to date demonstrate your acquisition and possession of those skills and values. Please limit your personal statement to 750 words.

18. ACADEMIC REFERENCE/LETTER OF RECOMMENDATION Applicants must provide an academic reference/ letter of recommendation from a teacher or lecturer. Below, please enter the contact details of the referee. The reference must be certified by the school or university with which the referee is affiliated. The reference must be sent directly to the Office of Admissions or by email to L.nardi@euc.ac.cy

Name of Referee:
Post/Occupation/Relationship:
Name and Address of School/University:
Telephone:
Email:

SUPPLEMENTAL INFORMATION

19. Please answer the following questions. If you answer 'Yes' to any of the following questions, please submit a full statement of relevant facts for all incidents along with your application. You may be required to furnish copies of all official documents explaining the final desposition of the proceedings.

- Yes No Have you ever matriculated at or attended any medical/dental school?
- Yes No Were you ever the recipient of any action by any college, university or medical/dental school for: **1.** Unacceptable academic performance? (e.g. dismissal, disqualification, suspension, probation, etc.) or **2.** Conduct violations?
- Yes No Were you ever a party in a civil lawsuit?
- Yes No Have you ever been convicted of, or charged with, a felony or misdemeanor, with the exemption of parking violations?

FOR INTERNATIONAL STUDENTS ONLY

20. STUDENT VISA: An international student who has been accepted at European University Cyprus will need an entry visa to Cyprus (Not required for European Union applicants). Your application for admission to European University Cyprus is subject to approval by the Cyprus Migration Office. Once we obtain approval, you will need to apply for a student visa from the Cyprus Embassy/Consulate in your country of citizenship. The university will inform you of the exact dates you need to appear for your interview. For certain nationalities visas are issued in Cyprus.

Passport No.				
Place of Issue				
Date of Issue	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black;">Day</td> <td style="width: 33%; border: 1px solid black;">Month</td> <td style="width: 33%; border: 1px solid black;">Year</td> </tr> </table>	Day	Month	Year
Day	Month	Year		
Date of Expiry	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black;">Day</td> <td style="width: 33%; border: 1px solid black;">Month</td> <td style="width: 33%; border: 1px solid black;">Year</td> </tr> </table>	Day	Month	Year
Day	Month	Year		

APPLICATION INFORMATION

21. How did you first learn about the Dental Surgery Program of European University Cyprus?

EUC student or graduate	High School Counseling Office or High School Teacher	Fellow Student	
Website	Leaflets sent by European University Cyprus	Advertisements	Family Friends
Social Media	EUC lecturer/staff (name)		
Other (please specify)			

22. List other colleges/universities to which you are applying (optional)

STATEMENT OF CONSENT

I wish to be enrolled at European University Cyprus and I undertake to abide by the university's rules and regulations. With this statement, I express explicit consent to European University Cyprus to retain, process, disseminate and record this personal data in any way the university deems necessary. Additionally, I state my consent to and understanding that this information may be used by European University Cyprus to communicate, either by post, telephone, email or any other way, with me regarding any services, offers and notifications at a later date. In the event that I do not wish to be contacted further, I will inform European University Cyprus accordingly. I agree with the above statement

Student's signature	
	Date Day <input style="width: 40px;" type="text"/> Month <input style="width: 40px;" type="text"/> Year <input style="width: 40px;" type="text"/>

APPLICATION GUIDELINES

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 inquiries please phone, fax or email:

Tel: +357-22713000
 Fax: +357-22713172/22662051
 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

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.

Students who have started their College/University education elsewhere and wish to apply for admission to the School of Medicine of European University Cyprus, must submit official

transcripts (marksheet) in English for all work previously completed. Official transcripts must be sent directly to the Office of Admissions.

Different visa requirements exist for various nationalities (for more details, students must contact the Office of Admissions).

3. Passport Copy

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

4. English Language Proficiency

English is the language of instruction at the School of Medicine of European University Cyprus. Applicants need to have passed either the TOEFL examination with a minimum 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, or other equivalent English examination. In order to be considered for admission all applicants need to submit original or attested results to the Office of Admissions.

5. Personal Statement

6. Academic Reference/Letter of Recommendation

Ensure that your reference is signed and certified by the school or university with which the referee is affiliated. The reference must be sent directly to the Office of Admissions or by email to L.nardi@euc.ac.cy

FOR OFFICE USE ONLY - Please do not write in this section

	Amount	Receipt No.	Date		
Application Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ref. No.	<input type="text"/>
Down Payment	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reg. No.	<input type="text"/>
International Student Guarantee	<input type="text"/>	<input type="text"/>	<input type="text"/>	Transferred from	<input type="text"/>
Immigration Deposit	<input type="text"/>	<input type="text"/>	<input type="text"/>	TC	<input type="text"/>
Processing Dates	R: <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	A: <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	P: <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year		
Visa Submitted	Semester <input type="text"/>	Batch No. <input type="text"/>	Status <input type="text"/>	Visa Approved	RD <input type="checkbox"/> RJ <input type="checkbox"/>
Scholarship/Financial Aid	Amount/% <input type="text"/>	Type <input type="text"/>	Valid for <input type="text"/> 1 Year <input type="checkbox"/>	All years <input type="checkbox"/>	Other
Application Received on	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	Reference Received on	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year		
Interview Date/Time	Date <input type="text"/> Time <input type="text"/>	Personal Statement received on	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year		
Outcome of Interview	<input type="text"/>				
Notes	<input type="text"/>				