



# AMERICANOS COLLEGE

2 & 3 Omirou Avenue, Eleftheria Square, P.O.Box 22425, 1521 Nicosia, Cyprus, Telephone: +357-22661122, Fax: +357-22664118, E-mail: college@ac.ac.cy, Website: www.ac.ac.cy

## APPLICATION FOR ERASMUS ADMISSION

### INSTRUCTIONS

1. Complete this form in block CAPITAL letters using a black or a blue pen.
2. Stick 1 recent passport size photo of the applicant in the space provided.
3. Sign the applicant's declaration on the last page of this form and submit the form along with an original or certified copy of your up to date academic transcript (the transcript must include full details of previous and current higher education studies) and a copy of your passport to:

Please stick  
1 recent  
passport size  
photo

Office of Admissions, Americanos College  
2 & 3 Omirou Avenue  
P.O.Box 22425  
1521 Nicosia,  
Cyprus.

### A. PERSONAL DETAILS

Surname/Family Name: \_\_\_\_\_  
(as on passport)

First Name(s): \_\_\_\_\_  
(as on passport)

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
(day / month / year)

Passport No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
(day / month / year)

Country of Birth: \_\_\_\_\_ Sex: Male  Female

Religion (optional): \_\_\_\_\_ Marital Status: Single  Married

Correspondence Address: \_\_\_\_\_ Tel. Number 1: \_\_\_\_\_  
(include country and area code)

\_\_\_\_\_ Tel. Number 2: \_\_\_\_\_  
(include country and area code)

\_\_\_\_\_ Fax Number: \_\_\_\_\_  
(include country and area code)

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

### B. ADMISSION DETAILS

Program of Study applying for: \_\_\_\_\_

Semester and year applying for (e.g. Fall 2007): \_\_\_\_\_

Fall Semester: October, Spring Semester: February, Summer Semester: June or July

## C. SENDING INSTITUTION

Name of the Institution: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Departmental Coordinator: \_\_\_\_\_

Tel. Number 1: \_\_\_\_\_ Tel. Number 2: \_\_\_\_\_  
(include country and area code) (include country and area code)

Correspondence Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(include country and area code)

Institutional Erasmus Coordinator: \_\_\_\_\_

Tel. Number 1: \_\_\_\_\_ Tel. Number 2: \_\_\_\_\_  
(include country and area code) (include country and area code)

Correspondence Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(include country and area code)

## D. EDUCATIONAL BACKGROUND

List in chronological order the names of the academic institutions (e.g. Secondary School, College, University) you have attended or are currently attending.

Dates of Attendance				Name and Type of Academic Institution (e.g. Secondary School, College, University)	Country	Average Mark/Grade	Qualification Received or to be received (e.g. Certificate, Degree)	Language of Instruction
From		To						
Month	Year	Month	Year					

Have you ever studied abroad? Yes  No

If yes, at which institution did you study at? Name of Institution: \_\_\_\_\_

Country: \_\_\_\_\_

## E. PROFICIENCY IN LANGUAGES

---

Mother Language: \_\_\_\_\_

Language of instruction of your studies at the sending institution: \_\_\_\_\_

Language other than mother:

Competency

1. English	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
2. _____	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
3. _____	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
4. _____	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
5. _____	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>

The language of instruction at Americanos College is English. Are you sufficiently competent in English language to follow studies at Americanos College? Yes  No

## F. OTHER QUALIFICATIONS

---

List any other qualifications (e.g. GCE, LCCI) obtained by examination. Attested copies of official results must accompany this application.

Subject	Examination Board or Examining Body	Grade / Score	Month and Year Examination was Taken

## G. PROFESSIONAL EXPERIENCE

---

From		To		Employer	Country	Nature of Employment
Month	Year	Month	Year			

## H. DISABILITIES AND LEARNING DIFFICULTIES

---

Tick one or more boxes applicable to you

- |   |   |
|---|---|
| <input type="checkbox"/> No disability or learning difficulty     | <input type="checkbox"/> Wheel-chair user   |
| <input type="checkbox"/> Dyslexia <sup>1</sup>                    | <input type="checkbox"/> Have mobility difficulties <sup>1</sup>  |
| <input type="checkbox"/> Blind                                    | <input type="checkbox"/> Need of personal care support <sup>1</sup>   |
| <input type="checkbox"/> Partially sighted <sup>1,2</sup>         | <input type="checkbox"/> Mental health difficulties <sup>1,2</sup>  |
| <input type="checkbox"/> Deaf                                     | <input type="checkbox"/> Unseen disability <sup>1,2</sup><br><small>(e.g. diabetes, epilepsy, asthma)</small>                         |
| <input type="checkbox"/> Have a hearing impairment <sup>1,2</sup> | <input type="checkbox"/> Disability/Special need not listed above <sup>1</sup><br><small>(e.g. manual dexterity, back injury)</small> |

Note: 1. Attach to this form a medical certificate confirming this disability or hearing difficulty.

2. Provide below further details regarding your disability or learning difficulty.

---

## I. APPLICANT'S DECLARATION

---

I agree for the information given on this form to be processed by Americanos College in accordance with the Data Protection Act 138(1)/2001 in order to initiate and administer my student records. I certify that the information given on this application is complete and accurate to the best of my knowledge. I hereby apply for Erasmus admission and if accepted, agree to comply with the regulations of Americanos College.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**AMERICANOS  
COLLEGE**

**ECTS – EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM**

**LEARNING AGREEMENT**

**ACADEMIC YEAR: 20..... / 20.....**  
**SEMESTER: .....**  
**FIELD OF STUDY: .....**

Name of student (SURNAME first): .....  
Sending institution: ..... Country: .....

**DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT**

Receiving institution: .....  
Country: .....

Course unit code	Course unit title	Number of ECTS credits
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

\* if necessary continue the list on a separate sheet

Student's signature ..... Date: .....

**SENDING INSTITUTION**

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date: .....

Date: .....

**RECEIVING INSTITUTION**

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date: .....

Date: .....

Name of student: .....

Sending Institution: ..... Country: .....

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**  
(to be filled in ONLY if appropriate)

Course unit code	Course unit title	Deleted course unit	Added course unit	Number of ECTS credits
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

\* if necessary continue the list on a separate sheet

Student's signature .....

Date: .....

**SENDING INSTITUTION**

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date: .....

Date: .....

**RECEIVING INSTITUTION**

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date: .....

Date: .....