



AMERICAN COLLEGE

2 & 3 Omirou Avenue, Eleftheria Square, P.O.Box 22425, 1521 Nicosia, Cyprus, Tel: +357 - 22 66 11 22, Fax: +357 - 22 66 54 58, E-mail: college@ac.ac.cy Website: www.ac.ac.cy

APPLICATION FOR ADMISSION

INSTRUCTIONS

1. Complete this form in block CAPITAL letters using a black or a blue pen.
2. Attach 1 recent passport size photo of the applicant in the space provided. The applicant's name should be written in CAPITAL letters at the back of the photo.
3. Sign the applicant's declaration on the last page of this form and submit the form along with an academic transcript to:

Please attach 1
recent passport
size photo

Erasmus Coordinator
American 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)

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

Semester and a year applying for (e.g. Fall 2010): _____
Fall Semester: October - January, Spring Semester: February – June

Program Of Study: _____
Business Admin, Computer Science, Hotel Mgt, Travel and Tourism, HRM, MIS

E. ENGLISH LANGUAGE PROFICIENCY

Tick the appropriate box(es) if you have an official evidence that you have taken one of the English language examinations as described in the first five boxes. A copy of the evidence must be supplied along with this application form.

- Paper based TOEFL Score
(Tick only if the score is at least 500) Month and Year taken: _____
- Computer based TOEFL Score
(Tick only if the score is at least 173) Month and Year taken: _____
- GCE "O" Level English Language
(Tick only if the grade is at least C) Month and Year taken: _____
- IGCSE English Language grade
(Tick only if the grade is at least C) Month and Year taken: _____
- IELTS Score
(Tick only if the grade is at least 5.5) Month and Year taken: _____
- Other, please specify: _____
Month and Year taken: _____

F. OTHER QUALIFICATIONS

List any other qualifications (e.g. GCE, LCC) obtained by examination.

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

G. PROFESSIONAL EXPERIENCE

From		To		Employer	Nature of Employment
Month	Year	Month	Year		

H. INTERNATIONAL STUDENTS DETAILS

Passport No: _____ Place of Issue: _____

Expiry Date: _____ Date of Issue: _____
(day/month/year) (day/month/year)

I. 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 ¹ | <input type="checkbox"/> Have mobility difficulties ¹ |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Need of personal care support ¹ |
| <input type="checkbox"/> Partially sighted ^{1,2} | <input type="checkbox"/> Mental health difficulties ^{1,2} |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Unseen disability ^{1,2}
(e.g. diabetes, epilepsy, asthma) |
| <input type="checkbox"/> Have a hearing impairment ^{1,2} | <input type="checkbox"/> Disability/Special need not listed above ¹
(e.g. manual dexterity, back injury) |

*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.*

J. APPLICANT'S DECLARATION

I agree for the information given on this form to be processed by American 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 admission and if accepted and enrolled, agree to comply with the regulations of American College.

Applicant's Signature: _____ Date: _____

ECTS LEARNING AGREEMENT

Name of student (SURNAME first):		
Sending institution:		
Country:	Academic Year:	Semester:
Receiving Institution: <u>American College</u>	Country: <u>Cyprus</u>	Erasmus Code: <u>CYNICOSIA22</u>

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Course code	Course title	Number of ECTS credits
		6
		6
		6
		6
		6

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

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Date:

Date:

RECEIVING INSTITUTION

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

Erasmus coordinator signature

.....

Date:

Stamp