



APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY

Appl. No:

INSTRUCTIONS

1. Complete this form in block CAPITAL letters using a blue or a black pen.
2. Attach 1 recent passport size (4.5 X 3.5 cm) photo of yours in the space provided.
3. Sign the applicant's declaration on the last page of this form and submit the form along with all necessary documents as per the Admission Procedure applicable to you according to your nationality (described in the relevant leaflet or in our website) to:

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

PHOTO

1. PERSONAL INFORMATION

Surname!:		Given Names!:	
<input type="text"/>		<input type="text"/>	
Date of Birth: (day/month/year)	Country of Birth:	Nationality:	Identity Card No:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	Marital Status:	Mother Language:	Religion: (optional)
Male <input type="checkbox"/> Female <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Home Telephone: (include country and area code)	Mailing Address:		
<input type="text"/>	<input type="text"/>		
Mobile: (include country and area code)	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Fax: (include country and area code)	<input type="text"/>		
<input type="text"/>	Postal Code:	City:	
E-mail:	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Country:	<input type="text"/>	
Residence Country:	<input type="text"/>		

Note: 1. Write your names as written on your passport. If your passport does not distinguish between "Surname" and "Given Names" (i.e. it only writes "Name of Bearer" or "Full Name") write the last name in order in the "Surname" box and the rest of the names in the "Given Names" box.

2. STUDY INFORMATION

Semester applying for:	Year applying for:
Fall (October) <input type="checkbox"/> Spring (February) <input type="checkbox"/> Summer (June) <input type="checkbox"/>	<input type="text"/>
Program of Study applying for:	
<input type="text"/>	
Qualification applying for:	
Master Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Higher Diploma <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> English Language <input type="checkbox"/>	
Study Type: (tick only if applicable)	Student Type: (tick only if applicable)
Distance Learning <input type="checkbox"/>	Erasmus Program Student <input type="checkbox"/>

6. ENGLISH LANGUAGE QUALIFICATIONS

List any English language qualifications you have ever obtained or aim to obtain by examination (e.g. IELTS, TOEFL, GCSE O level / IGCSE).

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

7. OTHER EDUCATIONAL QUALIFICATIONS

List any educational qualifications (other than English language) you have ever obtained or aim to obtain by examination (e.g. LCCI, GCE A level and AS).

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

8. PROFESSIONAL EXPERIENCE

List in chronological order (starting from the most recent one), all employment positions held during the last five years.

From		To		Employer	Country	Nature of work - Position
Month	Year	Month	Year			

9. HOBBIES

State your main hobbies (e.g. music, reading, swimming, football, cricket, travelling).

10. SPECIAL NEEDS

Tick one or more of the boxes below applicable to you. The information provided in this section will only be shared with appropriate College officials.

<input type="checkbox"/> No health problem or learning difficulty or disability	<input type="checkbox"/> Wheel-chair user
<input type="checkbox"/> Learning difficulty / Attention problem ¹ (e.g. dyslexia, apraxia, hyperactivity)	<input type="checkbox"/> Have mobility difficulties ^{1, 2}
<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)

Notes: 1. Attach to this form a report confirming this learning difficulty / attention problem / disability.
 2. Provide below further details regarding your learning difficulty / attention problem / disability (including details of use of any medications).

11. APPLICATION SOURCES AND REASONS

Indicate the source(s) and reason(s) that led you to apply to American College.

SOURCES

<input type="checkbox"/> American College Representative _____ <small>(specify)</small>
<input type="checkbox"/> School Counselor/Staff
<input type="checkbox"/> American College Current or Former Student
<input type="checkbox"/> American College Staff _____ <small>(specify)</small>
<input type="checkbox"/> Friend(s) or Relative(s)
<input type="checkbox"/> Advertisement _____ <small>(specify e.g. TV, radio, newspaper, magazine, billboard, promotional leaflets)</small>
<input type="checkbox"/> Digital Advertisement _____ <small>(specify e.g. college website, banner in a website, social networking media, promotional email)</small>
<input type="checkbox"/> Education Fair
<input type="checkbox"/> Other _____ <small>(specify)</small>

REASONS

<input type="checkbox"/> Reputation
<input type="checkbox"/> Available Programs of Study
<input type="checkbox"/> Reasonable Tuition Fees
<input type="checkbox"/> Possibilities of transfer to UK, USA and other Universities
<input type="checkbox"/> College facilities
<input type="checkbox"/> Other _____ <small>(specify)</small>

12. APPLICANT'S DECLARATION

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 registered, I agree to comply with the regulations of American College.
 I also declare that once accepted as a student of American College, I consent to the processing by the College of my personal data, in accordance with the provisions of the Processing of Personal Data (Protection of Individuals) Law 2001.
 I express explicit consent to American College to retain, process, disseminate and record all my personal data in any way the College deems necessary. Additionally, I state my consent to and understanding that this information may be used by American College 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 American College appropriately.

Applicant's Signature: _____

Date: _____
(day/month/year)

