



AMERICAN COLLEGE

2 & 3 Omirou Avenue, Eleftheria Square, P.O.Box 22425, 1521 Nicosia, Cyprus, Telephone: +357-22661122, Facsimile: +357-22664118, 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. 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 all necessary documents as described in the Admissions, Visa and Financial Procedures Guidelines (found on our website) to:

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

Please stick
1 recent
passport size
photo

A. PERSONAL DETAILS

Surname/Family Name: _____
(as on passport)

First Name(s): _____
(as on passport)

Date of Birth: _____ Nationality: _____ Nationality ID: _____
(day / month / year)

Country of Birth: _____ Mother Language: _____

Sex: Male Female Marital Status: Single Married Religion: _____
(optional)

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: _____

Qualification Objective: MBA Bachelor Degree 3-Year Higher Diploma 2-Year Diploma 1-Year Certificate English Language

Semester and year applying for (e.g. Fall 2010): _____
Fall Semester: October, Spring Semester: February, Summer Semester: June

C. 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. Official or certified/attested English translation of certificates, diplomas, degrees, transcripts (marksheets) or any other supporting documents must accompany this application.

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					

D. ENGLISH LANGUAGE PROFICIENCY

Tick the appropriate box(es) if you have an official evidence that you have taken any of the English language examinations mentioned below. The original or an attested 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: _____

Internet based TOEFL Score
(Tick only if the score is at least 63) 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: _____

None of the above. If by the time of my registration into courses I do not provide official evidence of proficiency in English language, I will take the College English Placement Test and based on the score achieved, I will have to take appropriate courses (intensive English language courses or regular courses).

E. 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

F. PROFESSIONAL EXPERIENCE

From		To		Employer	Nature of Employment
Month	Year	Month	Year		

G. INTERNATIONAL STUDENTS DETAILS

Passport No.: _____ Place of Issue: _____

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

If you are already in Cyprus, answer the following questions and tick the appropriate box:

Date you entered Cyprus: _____
(day / month / year)

Type of entry visa:

Student visa: Academic institution currently studying at: _____

Program of study currently studying: _____

Reasons for wishing to transfer to the American College: _____

Tourist visa:

Employment Visa: Employer currently working at: _____

Other Visa: Please specify: _____

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 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}
<small>(e.g. diabetes, epilepsy, asthma)</small> |
| <input type="checkbox"/> Have a hearing impairment ^{1,2} | <input type="checkbox"/> Disability/Special need not listed above ¹
<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. ADMISSION SOURCE(S) AND REASON(S)

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

SOURCE(S)

- High School Counseling Officer/Teacher
- Relative(s) or Friend(s)
- American College Current or Former Student
- American College Professor/Staff: _____
(Please specify)
- Promotion: _____
(Indicate name of newspaper, magazine, exhibition, etc.)
- Other: _____
(Please specify)
- American College Representative: _____
(Please specify)

REASON(S)

- Reputation
- Possibilities of transfer to U.S.A./U.K.
- Qualification(s) to be attained
- Reasonable tuition and fees
- Other: _____
(Please specify)

List other Academic Institutions to which you are applying (optional): _____

J. APPLICANT'S DECLARATION

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

Applicant's Signature: _____ Date: _____