

1. PERSONAL DETAILS

Surname/Family Name	
First Name(s)	
Permanent Address	
Postcode	
Contact numbers <i>(include International Dialling Code)</i>	Tel: Mobile: Fax:
Email:	
Correspondence address (if different)	
Postcode	
Contact numbers <i>(include International Dialling Code)</i>	Tel: Mobile: Fax:
Email:	

2. FURTHER DETAILS

Age		
Years	Months	
Male (M)	Female (F)	
Date of birth	DD/MM/YY	
Cypriot I.D. No.		
Disability/Special needs <i>(Please refer to Notes for Guidance)</i>		
Country of permanent residence		
EU	Non-EU	If Non-EU Specify
Country of birth		
Nationality		
Passport No. (if available)		
Do you need a Student Visa?	Yes	No

3. DETAILS OF COURSE FOR WHICH YOU WISH TO APPLY

Level of course applied for	Undergraduate	Point of Entry (eg. Year 2)	Post graduate
Mode of study	Full-Time	Part-Time	
Full course title: 1 st choice			
2 nd choice			
Academic year			
Academic semester	January	October	

Please indicate how you heard of this course (provide name of Agent if applicable)
(For more options refer to page 3)

4. PHYSICAL OR OTHER DISABILITY OR MEDICAL CONDITION WHICH MIGHT NECESSITATE SPECIAL ARRANGEMENTS OR FACILITIES: (PLEASE REFER TO NOTES FOR GUIDANCE)

5. QUALIFICATIONS PLEASE PROVIDE FULL DETAILS OF EDUCATIONAL BACKGROUND INCLUDING INSTITUTION NAME AND DATES ATTENDED, QUALIFICATIONS OBTAINED, SUBJECTS AND GRADES. PLEASE ATTACH PHOTOCOPIES OF TRANSCRIPTS OR CERTIFICATES IF AVAILABLE

SECONDARY EDUCATION

Name of High School		
Dates attended	From (month & year)	To (month & year)
Qualifications		

HIGHER EDUCATION

Name of Institution		
Dates attended	From (month & year)	To (month & year)
Qualifications		

6. IF YOUR FIRST LANGUAGE IS NOT ENGLISH, PLEASE STATE WHICH QUALIFICATIONS (E.G. GCSE, IELTS, TOEFL) IN ENGLISH LANGUAGE YOU HOLD OR ARE CURRENTLY STUDYING, THE SCORE OR GRADE IF KNOWN AND DATE TAKEN. PLEASE ATTACH A PHOTOCOPY OF TRANSCRIPT OR CERTIFICATE IF AVAILABLE.

Qualification:

Score or Grade:

Date taken:

7. EMPLOYMENT (PLEASE INDICATE YOUR EMPLOYMENT EXPERIENCE INCLUDING ANY DETAILS RELEVANT TO THE COURSE FOR WHICH YOU APPLYING)

Employer	Nature of Work	Full-time/Part-time	Dates
Employer (if any)			
Name:			
Address:			

8. CRIMINAL CONVICTION (PLEASE REFER TO NOTES FOR GUIDANCE)

If you have a criminal conviction please tick the box

If yes, please specify:

9. DECLARATION

I confirm that the information given on this form is true, complete and accurate and no information requested or other significant information has been omitted. I agree and consent to the University processing of my personal data that is acquired by the University, except if I confirm in writing of the opposite. I have read the Notes for Guidance for Completion of the Application Form. I confirm that I have completed and signed this form myself.

Applicant's Signature:

Date:

NOTES OF GUIDANCE

The application should be accompanied with €50 Application Fee (non-refundable), payable to UCLan Cyprus.

METHODS OF PAYMENT

All payments should be made in Euros (€), to the University's bank account or via electronic payment:

1. Bank Transfer

Bank: SPE ALLILEGGIES
Account name: UCLan Cyprus
Account number: 0443020337708
IBAN: CY21 0070 4430 0000 0000 2033 7708
SWIFT/BIC: CCBKCY2N

2. Electronic Payment

JCC Smart
www.jccsmart.com/eBills/Welcome/Index/22447015

Important information when making a payment

- > Provide your full name (student name)
- > A copy of the bank transaction slip should be sent to: accounting@uclancyprus.ac.cy and admissions@uclancyprus.ac.cy

10. REFERENCES – APPLIES ONLY FOR POSTGRADUATE APPLICATIONS. POSTGRADUATE APPLICATIONS REQUIRE TWO REFERENCES

Statement by Referees – If preferred, referees can supply their references to us in sealed envelopes (Please see Section 10 of Notes for Guidance for information on choosing a referee)

Please return to:
 UCLan Cyprus - ADMISSIONS OFFICE
 12-14 University Avenue
 Pyla, 7080 Larnaka, Cyprus
 or P.O. Box 40724, CY - 6306 Larnaka
 or by email to: admissions@uclancyprus.ac.cy

Name of Applicant:

Course applied for:

1. Reference	2. Reference
Name of Referee:	Name of Referee:
Post/Occupation/Relationship to applicant:	Post/Occupation/Relationship to applicant:
Address:	Address:
Tel No. (inc. intl dialling code)	Tel No. (inc. intl dialling code)
Fax No.(inc. intl dialling code)	Fax No.(inc. intl dialling code)
Email:	Email:
How long have you known the applicant and in what connection?	How long have you known the applicant and in what connection?
Can this reference be discussed with the applicant (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Can this reference be discussed with the applicant (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Can this reference be revealed to the applicant (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	Can this reference be revealed to the applicant (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No
Signed	Signed
Date	Date
(Please affix official stamp where appropriate, at the end of the statement)	(Please affix official stamp where appropriate, at the end of the statement)

Notes for the guidance of referees

In order to select those students who will benefit from their chosen programme of study, the University requires a supporting statement from a referee. Continue on separate sheet if necessary. You may use separate official letterhead.

Your reference about the applicant should, if possible, cover the following:

- Suitability for the course
- Intellectual qualities including previous academic performance and any relevant subject experience through work/study
- Personal characteristics including evidence of ability to sustain study at level of their chosen course
- Career aspirations

How did you hear about UCLan Cyprus?

Educational Fair		UCLan student	
UCLan Cyprus website		Parents / Friend	
Other website(s)		Press release	
Brochure		Billboard	
Office visit		TV / Radio	
Word of Mouth		Newspaper / Magazine	
Agent:		Other:	

Section 1 - Personal Details (Complete this section in BLOCK CAPITALS).

Correspondence Address - This should be an address where you may be contacted throughout the period leading up to the start of the course. Please inform the University immediately if this changes.

Section 2 - Disability/Special Needs

Please enter in the box the code from the list of statements below which is most appropriate to you. Describe your condition in Section 4 and, where it is not obvious, indicate whether you have special needs.

Disabilities/support required:

- 0 You do not have a disability nor are you aware of any additional support requirements in study or accommodation.
- 1 You have dyslexia.
- 2 You have sight impairment.
- 3 You have a hearing impairment.
- 4 You use a wheelchair or have mobility difficulties.
- 5 You need personal care/support.
- 6 You have mental health difficulties.
- 7 You have an unseen disability (e.g. diabetes, epilepsy).
- 8 You have two or more of the above special needs.
- 9 You have a disability not listed above.
- T Autistic Disorder

Section 8 - Criminal convictions

Your application cannot be processed if you do not complete this section. If you enter "yes" in the box you may be asked to send in further information.

To help the University reduce the risk of harm or injury to its students caused by the criminal behaviour of other students, we must know about any relevant criminal convictions that an applicant has.

Relevant criminal convictions are only those convictions for offences against the person, whether of a violent or sexual nature, and convictions for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. Convictions that are spent are not considered to be relevant and you should not reveal them.

Data Protection

The information provided will be used by the University for the administration of your application, academic record and student and welfare services. It will also be used for research and the compilation of statistics. The University may also supply this information to outside organisations including the Police, the Ministry of Interior, Local Authorities, the Ministry of Labour and its departments, Examination Boards or Awarding Bodies to prevent or detect fraud.

PLEASE SUBMIT THIS FORM WITH A COPY OF ALL RELEVANT DOCUMENTS:

- School Certificates (Apolytirion/High school certificates)
- Transcripts
- English Language Qualifications IELTS, IGCSE, TOEFL, etc)
- Other Professional Examinations

**UCLan Cyprus
Admissions Office**

12-14 University Avenue
Pyla, 7080 Larnaka, Cyprus

or P.O. Box 42440, CY - 6534 Larnaka
or email to: admissions@uclancyprus.ac.cy
or fax to: +357 24 81 21 20

For further information:
Tel: +357 24 69 40 00
Web: www.uclancyprus.ac.cy

