

## 1. PERSONAL DETAILS

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

## 2. FURTHER DETAILS

<b>Age</b>		
Years <input type="text"/>		
<b>Gender</b>		
Male (M)	Female (F)	Other <input type="text"/>
<b>Date of birth:</b>	<input type="text"/>	DD/MM/YY
<b>Cypriot I.D. No.:</b>	<input type="text"/>	
<b>Disability/Special needs:</b>		
(Please refer to Notes for Guidance) <input type="text"/>		
<b>Country of permanent residence</b>		
EU <input type="checkbox"/>	Non-EU <input type="checkbox"/>	If Non-EU Specify <input type="text"/>
<b>Nationality:</b> <input type="text"/>		
<b>Passport No.:</b> (if available) <input type="text"/>		
<b>Do you need Entry permit?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do you need Change of Status?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 3. DETAILS OF COURSE FOR WHICH YOU WISH TO APPLY

<b>Level of course applied for</b>	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Point of Entry (eg. Year 2)	<input type="checkbox"/> Postgraduate
<b>Mode of study</b>	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
<b>Full course title:</b>	1 <sup>st</sup> choice <input type="text"/>		
	2 <sup>nd</sup> choice <input type="text"/>		
<b>Academic year:</b>	<input type="text"/>	<b>Academic semester:</b>	<input type="checkbox"/> Fall <input type="checkbox"/> Spring

## 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

<b>Name of High School:</b>	<input type="text"/>	
Dates attended:	From (month & year):	To (month & year):
Qualifications:	<input type="text"/>	

### HIGHER EDUCATION

<b>Name of Institution:</b>	<input type="text"/>	
Dates attended:	From (month & year):	To (month & year):
Qualifications:	<input type="text"/>	

**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:

**8. How did you hear about UCLan Cyprus?**

Educational Fair	<input type="checkbox"/>	UCLan student : .....	<input type="checkbox"/>	Other: : .....	<input type="checkbox"/>
UCLan Cyprus website	<input type="checkbox"/>	Parents / Friend	<input type="checkbox"/>		
Other website(s)	<input type="checkbox"/>	Press release	<input type="checkbox"/>		
Brochure	<input type="checkbox"/>	Billboard	<input type="checkbox"/>		
Office visit	<input type="checkbox"/>	TV / Radio	<input type="checkbox"/>		
Word of Mouth	<input type="checkbox"/>	Newspaper / Magazine	<input type="checkbox"/>		
Agent: .....	<input type="checkbox"/>	UCLan Staff : .....	<input type="checkbox"/>		

**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: \_\_\_\_\_

**10. REFERENCES - APPLIES ONLY FOR POSTGRADUATE APPLICATIONS. POSTGRADUATE APPLICATIONS REQUIRE TWO REFERENCES**

**Statement by Referees** - Referees can be asked to supply their references to us in sealed envelopes.

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

## METHODS OF PAYMENT

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

### 1. Bank Transfer

Bank: HELLENIC BANK  
Account name: UCLan Cyprus  
Account number: 314-10-868795-01  
IBAN: CY86 0050 0314 0003 1410 8687 9501  
SWIFT/BIC: HEBACY2N

### 2. Electronic Payment

JCC Smart  
<https://www.jccsmart.com/e-bill/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](mailto:accounting@uclancyprus.ac.cy) and [admissions@uclancyprus.ac.cy](mailto:admissions@uclancyprus.ac.cy)

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

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

- School Certificates (Apolytirion/High school certificates)
- Bachelor's Degree and Official 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](mailto: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](http://www.uclancyprus.ac.cy)

**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

**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 2 referees. The referees can use their official letterheads. The reference about the applicant should cover the following:

- Name of Referee
- Post/Occupation/Relationship to applicant
- Contact details
- How long and in what connection/capacity have you known the applicant
- Whether the reference can be shared/discussed with the applicant
- 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

**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.