



Application for Admission
Higher Education

FOR OFFICE USE ONLY	
Reg. No.:	_____
Student Code:	_____
Academic Period:	_____

1. Applicant

Surname: _____ Name: _____ Father's Name: _____

Important Note: Please ensure that the name stated herein is the same as it appears on your ID card or Passport.

2. Study Information

Campus: Limassol Paphos

Semester / Session applying for: Fall Spring Summer

Program of Study applying for: _____ Notes: _____

Admission Status: Full-time Part-time Transfer Erasmus

Award: _____

3. Personal Data

Permanent Address: _____

Post Code: _____ City: _____ Country: _____

Tel.: _____ Mob.: _____ E-mail: _____

Address for correspondence (if different from above): _____

Post Code: _____ City: _____ Country: _____

Date of Birth: / / Place of Birth: _____ ID No.: _____
Day Month Year

Country of Origin: _____ Country of Residence: _____

Sex: Female Male Marital Status: Single Married

4. Parent's Particulars

Father's Full Name: _____ Mother's Full Name: _____

Address: _____ Address: _____

Tel.: _____ Tel.: _____

Occupation: _____ Occupation: _____

In case of emergency please contact: Father / Mother / Other (specify)

5. Sponsorship

Sponsor's Full Name: _____

Address:

Post Code: _____ City: _____ Country: _____

Tel.: _____ Mob.: _____ E-mail: _____

Please state the relationship to the applicant: (father/ mother/ brother/ uncle etc.): _____

6. International students only

Passport No.: _____ Country of Issue: _____

Date of Issues: _____ / _____ / _____
Day Month Year

Date of Expiry: _____ / _____ / _____
Day Month Year

If you are already in Cyprus, please provide information on:

Date you entered Cyprus: _____ / _____ / _____ Type of Visa you now hold: Student

Type of Visa you now hold: Student Visitor Other (specify)

Name of Educational Institutions you have attended since entering Cyprus:

7. Educational Background

Names of Schools attended (Secondary, College, University)

Name of School	Location City/ Country	Date of attendance		Qualification Received (Certificate, Degree, etc.)	Average Grade	Language of Instruction
		From	To			

8. Proficiency in English

Examinations passed and levels: (GCE, GCSE, IGSCE, IELTS, TOEFL)

Name of Examination	Grade/ Result	Date

9. Other Educational Qualifications

Examinations passed and levels: (GCE, GCSE, IGSCE, IELTS, TOEFL)

Name of Examination	Subjects Passed	Grade/ Result	Year

10. Employment Record in chronological order

List employment positions held in the past five years.

Employer	Nature of work	From	To

11. Special Needs

Please state if you have any disability or special medical condition. A copy of the medical/ professional report(s) will be required. Please note, if essential information is withheld it may lead to the cancellation of your admission to the Program.

12. Method of Payment

Tuition and other fees are payable in three equal annual instalments for both home and international students. The three instalments are payable as follows: 15th September, 15th December and 15th March.

In case a student decides to discontinue his/her studies the tuition and other relevant fees are charged and are payable as normal until the completion of the three month corresponding period for which the last instalment was paid.

Notes: _____

13. Indicate Source(s) that led you apply

Sources: Freshart College student or graduate Friends Freshart staff

Education Fair High School staff/ counsellor Consultant Freshart Website

Advertisement (please specify) _____

14. General Undertaking

I confirm that the information provided on this form is complete and accurate and the supporting documents submitted are genuine. If I am admitted, I agree to abide by the rules and regulations of Freshart College.

I consent and agree that the personal data included in my application form can be used by the College according to the provisions of the relevant legislation (EE)2016/679 (General Data Protection Regulation).

I acknowledge that all personal data that the College maintains are treated confidentially and can only be accessed by staff members after appropriate authorization. Personal information will not be disclosed to any third party with exception of any legal College requirements pertaining to the disclosure of student information to governmental bodies. Personal information may also be disclosed to the sponsor specified in this application.

Applicant's Signature: _____

Date: / /
 Day Month Year

Note: This Application Form should be accompanied by all supporting documents, when submitted.

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15. Fees Details

Graduate Students

	Year - 1	Year - 2	Year - 3	Year - 4
Registration				
Fees				
Total				

Admissions officer handling the application: _____

Signature: _____

Date: / /
 Day Month Year