Please attach a passport photograph here

**ERASMUS+ Incoming Students**

**APPLICATION FORM**

**Academic Year 2019-2020**

**PERSONAL AND ACADEMIC DETAILS**

**Family Name: First Name:**

**Sex: Date of Birth:**

**Citizenship: Nationality:**

**Permanent Address:**

**Current Address:**

**Current Address valid until:**

**Telephone: Mobile Telephone:**

**E-mail:**

**Passport Number:**

**Date of Issue: Date of Expiry:**

**Home Institution:**

**Responsible person at Home Intitution:**

**E-mail: Telephone:**

**Program of study:**

**Cycle of studies: Bachelor Master PhD**

**Student Signature: Date:**

**Your studies at University of Nicosia:** Fall Semester 2019Spring Semester 2020

**INFORMATION FOR EMERGENCIES**

*This information is confidential and will be used only in case of emergency.*

**Do you have any health Insurance (European/Private)? Please give details.**

*(It is mandatory to have insurance, either in your country or in Cyprus that covers you while being in Cyprus)*

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**Blood Group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you suffer from any health problems?**

***(If yes, please provide the exact name of illness, use of any medications, etc.)***

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**Disabilities requiring support**

1. **Have you been diagnosed with a learning difficulty** (dyslexia, apraxia, etc.) **or attention problems** (hyperactivity, etc.)**?**

**Yes No**

**Do you have a report confirming that diagnosis?**

 **Yes No**

*Please submit the report for evaluation prior to your arrival in Cyprus.*

1. **Do you have a physical disability that might affect your academic performance?** *(Mobility problems, impaired hearing, impaired vision, history or disease such as diabetes etc.)*

**Yes No**

 **Do you have a report confirming that diagnosis?**

 **Yes No**

*Please submit the report for evaluation prior to your arrival in Cyprus.*

1. **Do you have any other difficulties that might affect your academic performance? Please give details.**

***(Death in the family or other traumatic loss, emotional problems, eating disorder, etc.)***

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**Note:**

1. **To ensure that your report is in the appropriate format, please consult the following documents:**
2. Guidelines for documenting a Learning Disability.
3. Guidelines for documenting a Physical Disability.
4. **In case there is some disability which is declared, the University cannot guarantee that the appropriate support will be provided.**

**WHOM TO CONTACT IN CASE OF EMERGENCY**

**First Contact Person**

**Name:**

**Relationship to you:**

**Home Address:**

**Home Telephone: Work Phone:**

**Mobile Phone: Home Fax:**

**E-mail:**

**Second Contact Person** *(Preferably a contact in Cyprus, ex: fellow student if applicable)*

**Name:**

**Relationship to you:**

**Home Address:**

**Home Telephone: Work Phone:**

**Mobile Phone: Home Fax:**

**E-mail:**

**I agree that my data can be used for informational purposes by the University of Nicosia**

*Required documents:*

Fully Completed Application Form Copy of the Health Card or Private Insurance

Official Transcript of Records A copy of the identity page of the passport

2 passport-size photos An Official Certificate/Proof of English Proficiency

Send your completed application to: Contacts:

**Erasmus Office E-mail:** stylianou.st@unic.ac.cy

**University of Nicosia** erasmus.incoming@unic.ac.cy

**46 Makedonitissas Avenue Tel:** (+357) 22841726/1563

**P.O. Box 24005**

**1700 Nicosia**

**Cyprus**

*Application Deadlines:**Fall Semester:* ***30th May 2019*** *Spring Semester:* ***15th November 2020***