

Incoming Student

application form

Please attach a
passport size
photograph here

Family Name: **First Name:**

Sex: **Date of Birth:**

Citizenship: **Nationality:**

Permanent Address:

Current Address:

Current Address valid until:

Telephone: **Mobile Phone:**

E-mail:

Passport Number:

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

Home Institution:

Responsible person at Home Institution:

E-mail:

Telephone:

Program of Study:

Cycle of studies:

Student Signature: **Date:**

Your studies at University of Nicosia: Fall semester

Spring semester

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)

Blood group: _____

Do you suffer from any health problems?

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

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.

2. Do you have a physical disability that might affect your academic performance? (*Mobility problems, impaired hearing, impaired vision, history of 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.

3. 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.)

Note:

1. To ensure that your report is in the appropriate format, please consult the following documents:

- a. Guidelines for documenting a Learning Disability
- b. Guidelines for documenting a Physical Disability

2. In case there is some disability which is not declared, the University cannot guarantee that the appropriate support will be provided.

WHOM TO CONTACT IN CASE OF EMERGENCY

First Contact Person

| | | | |
|-----------------------------|----------------------|--------------------|----------------------|
| Name: | <input type="text"/> | | |
| Relationship to you: | <input type="text"/> | | |
| Home Address: | <input type="text"/> | | |
| Home Telephone: | <input type="text"/> | Work Phone: | <input type="text"/> |
| Mobile Phone: | <input type="text"/> | Home Fax: | <input type="text"/> |
| E-mail: | <input type="text"/> | | |

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

| | | | |
|-----------------------------|----------------------|--------------------|----------------------|
| Name: | <input type="text"/> | | |
| Relationship to you: | <input type="text"/> | | |
| Home Address: | <input type="text"/> | | |
| Home Telephone: | <input type="text"/> | Work Phone: | <input type="text"/> |
| Mobile Phone: | <input type="text"/> | Home Fax: | <input type="text"/> |
| E-mail: | <input type="text"/> | | |

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

Required documents:

- | | |
|---|---|
| <input type="checkbox"/> Fully Completed Application Form | <input type="checkbox"/> Copy of the EU Health Card or Private Health Insurance |
| <input type="checkbox"/> Official Transcript of Records | <input type="checkbox"/> A copy of the identity page of the passport |
| <input type="checkbox"/> 2 passport-size photos | <input type="checkbox"/> An Official Certificate/Proof of English Efficiency |

Send your completed application to:

Erasmus Office
University of Nicosia
46 Makedonitissas Avenue
P.O. Box 24005
1700 Nicosia
Cyprus

Contacts:

Ms. Stella Stylianou - Assistant Officer, Erasmus Office
(Incoming Students)
E-mail: stylianou.st@unic.ac.cy
erasmus.incoming@unic.ac.cy

Application Deadlines:

Fall semester:

Spring semester: