



Application Form

For office use only

Reg. No:

Program of Study:

Campus:

1. APPLICANT'S PERSONAL DETAILS

Applicant's Name as it appears on ID card or passport:

Name:

Surname:

For Greek and Cypriot Students only. Please also state your name and surname in Greek.

Όνομα

Επίθετο

Father's Name (optional):

Mother's Name (optional):

Sex: Female Male

Date of Birth (dd/mm/yyyy): / /

Identity Card No :

Nationality:

Country of Birth:

Country of Residence:

2. APPLICANT'S CONTACT DETAILS

Telephone Number (home): ()

Telephone Number (mobile): ()

Local Telephone Number (if different from above):

Email address:

Current Mailing Address:

Street & No:

Zip Code:

City/Town:

Country:

Permanent Address (if different from above):

Street & No:

Zip Code:

City/Town:

Country:

3. INTERNATIONAL STUDENTS ONLY

Passport No.:

Country of Issue:

Date of Issue: / /

Date of Expiry: / /

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

Date you entered Cyprus:

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

Name of Educational Institutions you have attended since entering Cyprus:

4. STUDY INFORMATION

Semester/Session Applying for: Fall Spring Summer Year: _____

Admission Status: First year Transfer Erasmus
(If you are a transfer student, please see 'Transfer Students /Credit Information Flyer')

Program of Study Applying for:

Choice 1: _____ Specialization (if applicable): _____

Choice 2: _____ Specialization (if applicable): _____

Award: Bachelor Diploma (5 years) Postgraduate PhD

Mode of Attendance: Full-time Part-time Study Mode: On-campus Distance Learning

5. EDUCATION

Names of School attended and/or attending* (Secondary, College, University) – most recent first

Name of School	City/Country	Dates of Attendance		Qualification (Certificate, Degree, etc)	Language of Instruction
		From	To		

**In case you are currently undertaking parallel studies, please refer to the Admission Officer for further guidance.*

6. ENGLISH PROFICIENCY

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

Name of Examination	Grade/Result	Date

7. OTHER EXAMS / QUALIFICATIONS

Examinations passed and levels: (GCE, GCSE, LCCI, etc.)

Examining Body / Examination	Subjects Passed	Grade/Result	Year

8. EMPLOYMENT RECORD (optional)

Please provide details of your most recent occupation, if this is relevant to the Program of Study you are applying for.

Name of Employer	From	To	Position	Dates

9. SPECIAL SUPPORT OR ASSISTANCE (optional)

Do you have any disabilities, health issues or other condition that may require special consideration?

NO YES

If the answer yes, please complete the 'Special Support or Assistance' Form.

Frederick University maintains the right to request from a student a health certificate or other equivalent document, for general public health and safety purposes and/or for the admission to specific programs of study.

10. SPONSOR'S DETAILS (if other than applicant)

Sponsor's Full name:

Address:

Zip Code:

City:

Country:

Tel.:

Mob:

Fax:

Email:

Please state the relationship to the applicant (i.e. father, mother, funding agency, employer etc):

Please note that the University will be in contact with the student's sponsor, for matters that pertain to the payment of the fees alone and not in relation to any other aspects of the student's studies, in accordance with the provisions of the General Data Protection Regulation. Failure to secure the signature of the applicant's sponsor, within two weeks of the application date, the University will hold liable the student for the payment of the tuition fees.

Sponsor's Signature _____

Applicant's Signature _____

11. EMERGENCY CONTACT (optional)

In case of emergency, please contact:

Full Name:

Address:

Tel.:

Mob.:

Relationship to applicant:

12. HOW DID YOU HEAR ABOUT FREDERICK UNIVERSITY

High School staff/counsellor

Frederick Website

Friends

From a current or past student

Recruitment Consultant

Education Fair

Social Media

TV/Radio

Other _____

13. PARENTAL /GUARDIAN CONSENT IN CASE OF A MINOR (UNDER 18)

If the applicant is under the age of 18 at the time of submitting this application form, the parent or legal guardian must also sign the application form.

I confirm that I am the applicant's parent / legal guardian. By signing this form, I confirm that the information provided in the form is accurate and I agree to the application being considered by Frederick University.

Name: _____

Date: _____

Signature: _____

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

APPLICATION CHECKLIST

Please check if you have submitted the following:

(Academic records submitted need to be original or certified/attested)

- Completed and Signed Application Form
- Copy of ID / Passport
- High School Leaving Certificate
- Previous Higher Education Transcript/Degree
- English Proficiency Exams Certificate (if applicable)
- Certificates of Other Academic and non - Academic Qualifications (if applicable)
- Signed Admissions Contract by Applicant and Sponsor (if other than applicant)
- Application fee

All postgraduate students or students who transfer credits from previous higher education studies, will also need to verify their academic credentials (i.e. degree, transcript etc) no later than the end of their first semester of admissions to Frederick University (see information leaflet 'Verification Process for Transfer Credit and Postgraduate Students')

The application form should be completed and returned with all necessary documents to Frederick University.

Nicosia:

7, Y. Frederickou Str., Pallouriotisa, 1036
Nicosia, Cyprus.

Tel.: +357 22394394, Fax.: +357 22 438234

Limassol:

18, Mariou Agathagelou Str., Agios
Georgios Havouzas, Limassol 3080, Cyprus.
Tel.: +357 25730975, Fax.: +357 25 735001

Athens Office:

57, Panepistimiou, 2nd Floor - Stoa
Mantaka, Flat 201, 105 64 Athens, Greece,
Tel. +30 210 33 11 288,
Fax. +30 210 33 11 289

or by email at: info@frederick.ac.cy

OFFICE USE ONLY

Student Registration No.: _____

FEES

APPLICATION FEE

Amount

Receipt No.

Date: / /

TUITION DEPOSIT

Amount

Receipt No.

Date: / /

INTERNATIONAL STUDENT DEPOSIT

Amount

Receipt No.

Date: / /

Admission officer handling the application: _____

Date: / /

Signature: _____



DECLARATION OF CONSENT FOR THE USE OF PERSONAL DATA

- a. I confirm that all information and personal data provided in this registration form are accurate and true. In the event of my admission to the University, I agree to abide by the rules and regulations of Frederick University.
- b. With this declaration, I provide my free and explicit consent to Frederick University for the processing of the personal data provided, in accordance with the European Legislation on personal data (General Data Protection Act-Act.2016/679).
- c. I am aware that my personal registration file will be kept in the University archive while copies from my file, related to my registration form, will be made available to the staff of the Studies and Student Welfare Service, the staff (academic and non-academic) of the School and Departments of the University (School Deans, Presidents of Departments, Secretaries), as well as to the Data Protection Officer appointed by Frederick University.
- d. I am aware that my personal data will be processed in confidence and security and will be subject to the relevant guarantees and legal requirements under the European Legislation on the Protection of Personal Data.
- e. I am aware that I am able to exercise the right of updating, accessing, rectifying and objecting, provided to me, under the European Legislation on the Protection of Personal Data (Articles 11-16 and 21 of the General Data Protection Regulation). The above rights can be exercised before the relevant authorities of Frederick University, either the Studies and Student Welfare Service or the Data Protection Officer.
- f. I am aware and I consent that the University maintains my personal data provided in a confidential archive for as long as I study at Frederick.
- g. Upon the completion of my studies, Frederick University reserves the right to maintain only the absolutely necessary personal data (name/surname, father's name, address, telephone number, a true copy of the degree or/and transcript), in accordance with the principle of data minimisation based on the General Regulation of Personal Data (Article 5), for a period of forty years, for statistical, historical and research purposes as well as for public interest purposes with the reservation of my right to object.
- h. In the event of the rejection of my application, the personal data provided on the application must be deleted after a period of twelve months.
- i. I am aware that in the event of my admission, the University reserves the right to send announcements and news relevant to the University's programs of study, organised events and student welfare issues (for example, internships, employment opportunities, student grants etc.) to the personal contact details I have provided upon my registration. In the event of a message/email being sent, the student should reserve the right to easily and freely delete each message, according to the right of objection.
- j. I am aware that Frederick University's Data Protection Policy can be found on line at <http://www.frederick.ac.cy/privacy-policy>

Applicant's Name:

Date:

Applicant's Signature:
