

Reg. No:

Program of Study:

Campus:

Application Form

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: / /

Identity Card or Passport No:

Nationality:

Country of Birth:

Country of Residence:

Marital Status: Single Married Divorced Widowed In a civil partnership No. of Children (if applicable): _____

Have either of your parents or legal guardians earned a University degree (Bachelor's degree or higher)?

 Yes No

Are you a member of a refugee family (only for Greek Cypriot students):

 Yes No

Community Group (only for Cypriot students)

 Greek Cypriot Turkish Cypriot Maronite Armenian Latin

Are you a recognized refugee or asylum seeker within the Republic of Cyprus (only for international students)?:

 Yes No

Note: Some of the above personal information is requested for statistical and reporting purposes by the Ministry of Education, Sport and Youth. All data reported is anonymous.

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:

Postcode:

City / Town

Country:

Permanent Address (if different from above):Street & No:

Postcode:

City / Town

Country:

3. INTERNATIONAL STUDENTS ONLY

Passport No.:

Country of Issue:

Date of Issue: / /

Expiry Date: / /

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 (if applicable):

4. STUDY INFORMATIONSemester/Session Applying for: Fall Spring Summer

Year:

Campus:

Admission Status: First year Transfer Erasmus Supplementary Courses*(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 Integrated Master Postgraduate PhDMode of Attendance: Full-time Part-timeStudy mode: On-campus Distance learning

5. EDUCATION

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

Name of Institution	City/Country	Dates of Attendance		Qualification <i>(Certificate, Degree, etc)</i>	Language of Instruction
		From	To		

* In case you will be undertaking parallel studies at the time of your registration, please refer to the Admissions Office for further guidance.

6. ENGLISH PROFICIENCY

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

Name of Qualification	Grade / Result	Date

7. OTHER EXAMS / QUALIFICATIONS

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

Examining Body / Qualification	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

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

Yes No

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

Frederick University maintains the right to request a health certificate or other equivalent document from a student, 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:

Postcode:

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 than 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, entitles the University to hold the student liable for the payment of the tuition fees.

Sponsor's Signature:

Applicant's Signature:

11. TUITION FEES PAYMENT PLAN

4 installments per year 8 installments per year 10 installments per year Other

12. EMERGENCY CONTACT (optional)

Please name a person that the University staff can notify in the event of an emergency.

Full Name:

Address:

Tel.:

Mob.:

Relationship to applicant:

13. HOW DID YOU HEAR ABOUT FREDERICK UNIVERSITY

- High School staff / counsellor University Website Friends Education Fair
- From a current or past student Social Media TV/Radio Other
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14. 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 by international students need to be certified/attested)

- Completed and Signed Application Form
- Copy of ID / Passport
- Copy of High School Leaving Certificate
- Copy of Previous Higher Education Transcript/Degree
- Copy of English Proficiency Exams Certificate (if applicable)
- Certificates of Other Academic and non - Academic Qualifications (if applicable)
- 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 admission 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

The application form can also be submitted by email at: adminfo@frederick.ac.cy

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 guaranties 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 to the University maintaining 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 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, I reserve the right to easily and freely unsubscribe from the mailing list, according to the right of objection.
 - j. I am aware that Frederick University's Data Protection Policy can be found online at <http://www.frederick.ac.cy/privacy-policy>

Applicant's Name:

Date:

Applicant's Signature:

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:
