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photo
(for office use
only)

For office use only
Candidate number

APPLICATION FOR UNDERGRADUATE STUDY

Please read the enclosed Application Guidelines and complete all sections.

1. PROGRAMME FOR WHICH YOU ARE APPLYING	2. ACADEMIC YEAR
Name of Programme	Year of Entry

3. PERSONAL INFORMATION	
Family Name/Surname	Forename
Title (Mr/Mrs/Ms/Miss)	Date of birth
Home address	Town/City
Postcode	Country
Home telephone number	Mobile telephone number
Email address	Fax number
Contact address (if different from home address)	
Nationality	Country of birth
Country of permanent residence	Since (year)
ID Number (EU citizens)	Gender
Passport Number (Non-Cypriot citizens)	Place of Issue
Date of Issue	Expiration Date

4. EDUCATIONAL QUALIFICATIONS

Please list in chronological order (the most recent first) secondary schools, colleges you are currently attending or have previously attended. In order to support your application, copies of school leaving certificates and any other official documents must accompany your application.

Dates of Attendance		Name of School/ College	City/Country	Qualification Achieved	Grade
From	To				

5. ENGLISH LANGUAGE PROFICIENCY

Please provide details of any English language qualifications (e.g. TOEFL, IELTS, GCSE, CAMBRIDGE EXAMS). Copies of official qualifications achieved must accompany this application.

Type of Examination Taken	Results	Examination Date

6. OTHER QUALIFICATIONS

Please list any other examinations passed. Copies of official results must accompany this application.

Subject	Board or Examining Body	Grade/Result	Examination Date

7. EMPLOYMENT & WORK EXPERIENCE

Start with your latest employer and list the work experience you have had previously in chronological order. Please also provide details of any unpaid or voluntary work, or training.

Dates		Name of employer and nature of business	Position held/duties and responsibilities
From (mm/yy)	To (mm/yy)		

8. SPECIAL NEEDS

Please specify any physical or other disability/medical condition which may require special arrangements or facilities. Providing this information will not discriminate your application and details will be maintained confidentially by authorised university personnel.

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9. FINANCING YOUR STUDIES

How do you intend to finance your studies? Please tick appropriate box.

Self-funded Sponsored

Sponsor's Name

Sponsor's Address

Relationship to Applicant

Sponsor's Signature

10. FURTHER INFORMATION

Please provide details of any other information that you think is relevant to your application.

How did you find out about Neapolis University of Pafos? (Please tick the appropriate box/es).

Secondary School Educational Fair Advertisement TV Radio Newspaper
Internet Website Friends Other

Please list any other universities to which you are applying (optional).

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11. PERSONAL STATEMENT

This is an important aspect of the application process as our admissions staff will use it to understand why you wish to study at NUP and what makes you a suitable candidate for the programme you have chosen. Please explain in at least 100 words why you are applying for this programme, what benefits you expect to gain and how it relates to your academic and / or career development.

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12. REFEREE

Please provide contact details of a person whom we can contact for a reference. Your referee should be a person who knows you well and can write about you and your suitability for the course you are applying for. Your teacher, or if you have left school, your current employer are suitable referees.

Name

Job/position

Address

Town/City

Postcode

Country

Telephone

Fax

Email

13. DECLARATION

To the best of my knowledge I certify that the information provided in this application form is complete and accurate. I hereby undertake to accept and abide by all policies, rules and regulations of the University whilst I am an enrolled student of the University. I undertake to pay all relevant tuition and accommodation fees, where applicable, fees unless payment has been agreed from a sponsoring body. I declare that, on acceptance as a student of Neapolis University Pafos, I consent to the processing by the University of my Personal Data in accordance with the provisions of Processing of Personal Data (Protection of Individuals) Law 2001. I acknowledge that my personal data shall be maintained and treated with confidentiality by authorised University staff and will not be disclosed to third parties without my prior consent.

Name (in full) _____

Signed _____ Date _____

14. DOCUMENTS THAT NEED TO BE SUBMITTED TO THE UNIVERSITY

Please submit with your application form the documents specified in paragraph 14 of the enclosed Application Guidelines.

15. SUBMITTING YOUR APPLICATION

Before submitting your completed application form, please ensure that you enclose all necessary supporting documentation, as detailed in the enclosed Application Guidelines. You may post your completed application to:

Admissions Office, Neapolis University Pafos, P.O. Box 61744, 8137 Pafos, Cyprus

Alternatively, you may submit it by hand/in person to:

Admissions Office, Neapolis University Pafos, 2 Danais Avenue, 8042 Pafos, Cyprus

If you are a disabled person and require adjustments to be made to the selection process please contact us on (+357) 26843300 to discuss your requirements. Please let us know if you require the documentation in an alternative format or by email.