

ERASMUS + STUDENT APPLICATION FORM

FIELD OF STUDY:

1. SENDING INSTITUTION

Name and full address: Neapolis University Pafos, 2 Danais Avenue, 8042 Pafos

Institutional Erasmus Code: CY Pafos 01

Institutional coordinator – name: Georgia Christou

Telephone: +357 26843370 **Fax:** +357 26931944 **E-mail:** erasmus@nup.ac.cy

Department:

Coordinator:

Telephone: 00357..... **Fax:**00357..... **E-mail:**.....

Full address: Neapolis University Pafos, 2 Danais Avenue, 8042 Pafos

2. STUDENT'S PERSONAL INFORMATION (To be completed by the student applying)

Name:

Date of birth:

Place of birth:

Gender:

Current address

Town/City:

Postcode:

Country:

Home telephone number:

Mobile telephone number:

Email address:

Fax number:

Nationality:

ID Number (EU citizens)

Contact address (if different) (this address will be used to send your possible "Letter of Invitation")

3.

Host University:

Country:

Disabilities: Do you have a disability for which additional assistance? YES NO
(If yes, please attach a separate sheet outlining this disability)

4. LANGUAGE COMPETENCE

First Language:..... Language of instruction at home institution (if different):

Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	yes	no	yes	no	yes	no
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organization	Dates	Country

6. PREVIOUS AND CURRENT STUDY

Name of the program for which you are currently studying: _____

Number of higher education study years prior to departure abroad: _____

Have you already been studying abroad? Yes No

If Yes, when? At which institution? _____

The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of the application will be provided at a later stage.

Please send the application to : erasmus@nup.ac.cy, admissions@nup.ac.cy