



# AMERICAN COLLEGE

**Physical Address:** 3 Omirou Avenue, 1097 Nicosia, Cyprus | **Mailing Address:** P.O. Box 22425, 1521 Nicosia, Cyprus  
**Tel.:** +357 22368000 | **Fax:** +357 22368001 | **Email:** info@ac.ac.cy | **Website:** www.ac.ac.cy

## APPLICATION FOR ADMISSION

Fillable Portable Document Format (PDF) Version

FOR OFFICE USE ONLY

Appl. No:

### INSTRUCTIONS

1. Complete this form by typing your information in the available spaces and ticking appropriate boxes. Print the form once you complete it. If there is not enough space to provide your answer in any of the sections of the form, attach a separate sheet.
2. Stick a recent passport size (4.5 X 3.5 cm) photo of yours in the space provided.
3. Sign the Personal Data Consent and Declaration on the last page of this form and submit the form along with all necessary documents as per the Admission Procedure applicable to your nationality (see our website) as follows:

by courier service to: Office of Admissions, 3 Omirou Avenue, 1097 Nicosia, Cyprus  
by post to: Office of Admissions, P.O. Box 22425, 1521 Nicosia, Cyprus

PHOTO

### 1. PERSONAL INFORMATION

Last Name / Family Name / Surname<sup>1</sup>:

First Name(s) / Given Name(s) / Forename(s)<sup>1</sup>:

Gender:

Date of Birth: (day/month/year)

Country of Birth:

Male ☐ Female ☐

Marital Status:

Mother Language:

Nationality:

Single ☐ Married ☐ Divorced ☐ Separated ☐

Identity (ID) Card No<sup>2</sup>:

ID Card Date of Issue<sup>2</sup>: (day/month/year)

ID Card Expiry Date<sup>2</sup>: (day/month/year)

Passport No<sup>2</sup>:

Passport Date of Issue<sup>2</sup>: (day/month/year)

Passport Expiry Date<sup>2</sup>: (day/month/year)

Notes: 1. Write your names as written on your identity card (applicable to Cypriot and EU nationals) or passport (applicable to non-EU nationals). If your identity card or passport does not distinguish between "Last Name / Family Name / Surname" and "First Name(s) / Given Name(s)" (e.g. it only writes "Name of Bearer" or "Full Name") write the last name in order in the "Last Name / Family Name / Surname" box and the rest of the names in the "First Name(s) / Given Name(s) / Forename(s)" box.

2. Cypriot applicants must complete the Identity Card boxes.

European Union applicants must complete the Identity Card boxes and optionally complete the Passport boxes.

International applicants (applicants other than Cypriot and European Union nationals) must complete the Passport boxes.

### 2. CONTACT INFORMATION

Residence Address: (include postal code if any)

  
  
  

Country:

Email:

Home Telephone: (include country and area code)

Mailing Address: (include postal code if any)

Same as Residence Address ☐ As below ☐

  
  
  

Country:

Mobile: (include country and area code)

Skype Name:

3. STUDY INFORMATION

Semester applying for:

Fall (October) ☐ Spring (February) ☐ Summer (June) ☐

Year applying for:

Program of Study applying for:

Qualification applying for:

Master Degree ☐ Bachelor Degree ☐ Higher Diploma ☐ Diploma ☐ Certificate ☐ English Language ☐

Study Mode:

Full-Time ☐ Part-Time ☐

Study Type: (tick only if applicable)

Distance Education ☐

Student Type: (tick only if applicable)

Erasmus Program Student ☐

4. RESIDENCE PERMIT INFORMATION

If you are a non-European Union national residing in Cyprus, complete this section and enclose a copy of your most recent Residence Permit (RP):

Date you entered Cyprus: (day/month/year)

Type of permit as per your most recent RP:

Education ☐ Employment ☐ Visitor ☐ Other ☐ (specify) \_\_\_\_\_

If your type of permit (as per your most recent RP) is "Education", list in section 6 the educational institutions you have attended in Cyprus. If your type of permit (as per your most recent RP) is "Employment", list in section 9 the employers you have worked for in Cyprus.

5. ERASMUS PROGRAM INFORMATION

Complete this section if you are an Erasmus program applicant.

HOME INSTITUTION

Name:

Erasmus Code:

Country:

CONTACT PERSON (e.g. Erasmus / Departmental Coordinator)

Name:

Job Title:

Email:

Telephone: (include country and area code)

Skype Name:

Mailing Address: (include postal code if any)

Country:

6. PREVIOUS/CURRENT EDUCATION

List in chronological order, all educational institutions (e.g. Secondary School, College, University) you have attended or are currently attending, since and including your Secondary School.

Date of Attendance				Name and Type of Educational Institution (e.g. Secondary School, College, University)	Country	Qualification (including Subject) Awarded or to be Awarded (e.g. Diploma in Hotel Management)	Average Mark/ Grade	Language of Instruction
From		To						
Month	Year	Month	Year					

7. ENGLISH LANGUAGE PROFICIENCY

List in chronological order, any English language examination / test you have taken or are planning to take (e.g. IELTS, TOEFL, IGCSE, GCSE, Pearson, Cambridge).

Examination / Test (Board or Body, Subject, Level)	Grade / Score	Date Taken

8. OTHER EDUCATIONAL QUALIFICATIONS

List in chronological order, any examination (other than English language) you have taken or are planning to take (e.g. LCCI, GCE AS level, GCE A level, ECDL).

Examination (Board or Body, Subject, Level)	Grade / Score	Date Taken

9. EMPLOYMENT HISTORY

List in chronological order, all employment positions you held during the last five years.

From		To		Employer	Country	Position
Month	Year	Month	Year			

10. HOBBIES

State your main hobbies (e.g. music, reading, swimming, football, cricket, travelling).

## 11. SPECIAL NEEDS

Tick one or more of the boxes below applicable to you. The information provided in this section will only be shared with appropriate College officials.

<input type="checkbox"/> No disability, impairment or medical condition	<input type="checkbox"/> Social / communication impairment such as Asperger's syndrome / other autistic spectrum disorder <sup>1,2</sup>
<input type="checkbox"/> Blind or serious visual impairment uncorrected by glasses <sup>1,2</sup>	<input type="checkbox"/> Mental health condition such as depression, schizophrenia or anxiety disorder <sup>1,2</sup>
<input type="checkbox"/> Deaf or serious hearing impairment <sup>1,2</sup>	<input type="checkbox"/> Specific learning difficulty such as dyslexia, dyspraxia or AD(H)D <sup>1</sup>
<input type="checkbox"/> Physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches <sup>1,2</sup>	<input type="checkbox"/> Disability, impairment or medical condition not listed above <sup>1,2</sup>
<input type="checkbox"/> Long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, epilepsy or asthma <sup>1,2</sup>	

Notes: 1. Attach to this form a report confirming this disability, impairment or medical condition.

2. Provide below further details regarding your disability, impairment or medical condition (including details of use of any medication).


## 12. APPLICATION SOURCES

How did you first find out about American College (Please tick one or more applicable boxes).

<input type="checkbox"/> Recruitment Agent (specify) _____	<input type="checkbox"/> Education / Career / School / Other Fair or Presentation (specify) _____
<input type="checkbox"/> High School Counselor or Teacher (specify) _____	<input type="checkbox"/> American College Paper Brochure / Leaflet
<input type="checkbox"/> American College Current Student or Graduate (specify) _____	<input type="checkbox"/> Advertisement (specify e.g. Television, Radio, Newspaper, Magazine, Billboard) _____
<input type="checkbox"/> American College Teaching / Administration Staff (specify) _____	<input type="checkbox"/> Digital Advertisement (specify e.g. Social Media, Search Engine, American College Website, Other Website, Email) _____
<input type="checkbox"/> Friend / Relative / Employer / Colleague	<input type="checkbox"/> Other (specify) _____

## 13. APPLICATION REASONS

Indicate the reason(s) that led you to apply to study at American College (Please tick one or more applicable boxes).

<input type="checkbox"/> American College Reputation	<input type="checkbox"/> Scholarship Provided
<input type="checkbox"/> Specific Program of Study	<input type="checkbox"/> Facilities
<input type="checkbox"/> Reasonable Tuition Fees	<input type="checkbox"/> Other (specify) _____

## 14. PERSONAL DATA CONSENT AND DECLARATION

American College (hereinafter "AC" or "our") recognises and respects the importance of your privacy and is committed to treating your personal information with the utmost care and in compliance with the European Parliament's and Council's Regulation (EU) 2016/679 and the Cyprus Law 125(I) of 2018 regarding data protection. Our Privacy Notice which, among others, describes how your personal data is processed and what your rights are, is available online at: [www.ac.ac.cy](http://www.ac.ac.cy).

AC needs to process your personal information for the purposes of assessing your application and if you register as a student, to administer your studies, provide you with support (including the provision of careers advice and guidance) and fulfil our statutory obligations. Your information will only be shared with an agent/representative of AC to assist you with your application, your sponsor (if any) to confirm sponsorship and invoice for payment of fees, your referee (if any) to confirm reference and government departments and statutory bodies (e.g. Cyprus Ministry of Education and Culture, Cyprus Civil Registry and Migration Department).

I, the applicant, hereby confirm that I have read and understood AC's Privacy Notice and I freely give my consent to AC to collect, retain, process and share my personal data, including sensitive data, which I have disclosed herein, for the purposes stated above.

I, the applicant, confirm that all of the information given on this form is correct and complete. I agree to inform AC of any changes to this information or any changes in my circumstances. I accept that AC has the right to cancel my application if it is found that I have provided false or inaccurate information. I hereby apply for admission as a student of AC and if accepted I agree to abide by the policies, rules and regulations of AC.

☐ I, the applicant, hereby freely provide my consent to AC to contact me (either by post, telephone, email or any other way) for survey purposes and/or to inform me of its programs of study and other educational products and services, offers, events and news.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(day/month/year)

