



APPLICATION FOR ADMISSION SCHOOL OF MEDICINE

Program of Study Doctor of Medicine Dental Surgery

YEAR OF ENTRY Indicate the year of entry for which you are applying: 20

PERSONAL DATA

1. Full name:

2. Permanent address in your country:

3. Current mailing address (if different from permanent address):

City:

Postal Code:

Country:

Email Address:

Telephone: Fax:

Mobile:

Skype ID:

4. Date of Birth :

Country of Residence Country of Citizenship Place of Birth

5. Nationality : 6. Sex Male Female

7. Contact persons in case of emergency (please provide at least two names)

1. 2.

Mobile Mobile

Email Address Email Address

8. Please indicate if any members of your family are in the medical profession.

Father

Mother

Sibling(s)

9. **STUDENT WITH SPECIAL NEEDS.** Please specify if you have a diagnosed special need or physical or learning disability such as reading disorder, Dyslexia, ADD or sight or hearing impairment.

EDUCATIONAL BACKGROUND

10. PREVIOUS/CURRENT EDUCATION

Please list in chronological order, all schools (secondary, college, university) you have attended or are currently attending. Original or attested copies of certificates, diplomas, degrees, marksheets or any other supporting documents must accompany this application.

Name of School/University	Location City/Country	Date of Attendance From	Date of Attendance To	Certificate/Degree Awarded	Average Grade	Language of Instruction

High School: Grade in Biology Grade in Chemistry Grade in Physics Grade in Maths

GCE A Level: Grade in Biology Grade in Chemistry Grade in Physics Grade in Maths

11. ENGLISH LANGUAGE PROFICIENCY

Please state if you have ever taken or will take any of the following English language examinations. Attested copies of official results must accompany this application or be forwarded as soon as received.

TOEFL Score: Date Day Month Year IELTS Band: Date Day Month Year

GCE/GCSE Grade: Date Day Month Year OTHER Date Day Month Year

12. Please list any other qualifications (GCE, IB, UKCAT, etc.) obtained by examination. Certified/attested copies of official results must accompany this application.

Subject	Board or Examining Body	Grade/Result	Date Examination Taken

13. EMPLOYMENT RECORD (The Office of Admissions requires a chronological listing of the Applicant's employment history since graduation from high school).

Position Held	Date of Employment From	Date of Employment To	Name of Organization, Location	Telephone No.

14. AWARDS & HONORS (Please list any awards or honors in chronological order you may have received)

Dates	Awards/Honors	Brief Description

15. VOLUNTEER INFORMATION

If applicable please provide a chronological list of volunteer activities in which you have been engaged as a separate, letter-sized typed page. Please provide beginning and ending dates, the name and location of the organization and a brief description of your duties or activities. Do not exceed one typed page.

16. PERSONAL STATEMENT

The Admissions Committee would like to get a sense of who you are and why you would like to become a healthcare professional. Briefly describe your motivation for studying Medicine or Dentistry, your career aspirations and/or the personal attributes you could bring to this profession. Be specific as to what skills and values you have developed that prepare you for your studies and future profession. Please limit your personal statement to 750 words.

17. ACADEMIC REFERENCE/LETTER OF RECOMMENDATION Applicants must provide an academic reference/ letter of recommendation from a teacher or lecturer. Below, please enter the contact details of the referee. The reference must be certified by the school or university with which the referee is affiliated. The reference must be sent directly to the Office of Admissions or by email to L.nardi@euc.ac.cy

Name of Referee:	
Post/Occupation/Relationship:	
Name and Address of School/University:	
Telephone:	Email:

SUPPLEMENTAL INFORMATION

18. Please answer the following questions. If you answer 'Yes' to any of the following questions, please submit a full statement of relevant facts for all incidents along with your application. You may be required to furnish copies of all official documents explaining the final disposition of the proceedings.

Yes No Have you ever matriculated at or attended any medical/dental school?

Yes No Were you ever the recipient of any action by any college, university or medical/dental school for: **1.** Unacceptable academic performance? (e.g. dismissal, disqualification, suspension, probation, etc.) or **2.** Conduct violations?

Yes No Have you ever been convicted of, or charged with, a felony or misdemeanor, with the exemption of parking violations?

FOR NON-EU STUDENTS ONLY

19. STUDENT VISA: An international student who has been accepted at European University Cyprus will need an entry visa to Cyprus (Not required for European Union applicants). Your application for admission to European University Cyprus is subject to approval by the Cyprus Migration Office. Once we obtain approval, you will need to apply for a student visa from the Cyprus Embassy/Consulate in your country of citizenship. The university will inform you of the exact dates you need to appear for your interview. For certain nationalities visas are issued in Cyprus.

Passport No.				
Place of Issue				
Date of Issue	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%;">Day</td> <td style="border: 1px solid black; width: 33%;">Month</td> <td style="border: 1px solid black; width: 33%;">Year</td> </tr> </table>	Day	Month	Year
Day	Month	Year		
Date of Expiry	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%;">Day</td> <td style="border: 1px solid black; width: 33%;">Month</td> <td style="border: 1px solid black; width: 33%;">Year</td> </tr> </table>	Day	Month	Year
Day	Month	Year		

20. List other colleges/universities to which you are applying (optional)

STATEMENT OF CONSENT

1. I, the applicant, hereby provide my consent to the processing of my personal information, which I have disclosed herein to the organisation EUROPEAN UNIVERSITY CYPRUS (hereinafter the **"EUC"**), by:

(a) the EUC for the purpose of (i) enrolling and registering me in the aforesaid program of study for the aforesaid specified academic year and semester and (ii) communicating, either by post, telephone, email or any other way, with me regarding any services, offers and notification at a later stage (hereinafter the **"Admission Purpose"**).

and/or

(b) research companies with which the EUC cooperates (hereinafter the **"Research Company"**) for the purpose of (i) conducting a research, on behalf of the EUC (hereafter the **"Survey Purpose"**); and/or (ii) communicating with me, either by post, telephone, email or any other way, regarding any information relating to the Survey Purpose.

2. I acknowledge that in the event that I, the applicant, do not wish to be contacted further by the EUC and/or the Research Company, I may at any time inform the EUC and/or the Research Company in accordance with the available communication methods.

3. For the avoidance of any doubt, the following apply:

i. Any information and data provided herein by the applicant to the EUC and which will be used, either directly or indirectly, by the EUC and/or the Research Company for the performance of the Admission Purpose and/or the Survey Purpose, shall at all times be identified, clearly marked and recorded by the EUC and/or the Research Company as the personal data of the applicant.

ii. All personal data acquired from the applicant pursuant to this form shall be solely used by the EUC and/or the Research Company for the performance of the Admission Purpose and/or the Survey Purpose and shall not be further processed or disclosed to any third party without the consent of the applicant unless this is required and/or allowed pursuant to the provisions of the Regulation (EU) 2016/679 on the Protection of Personal Data and/or the provisions of the applicable local legislation in relation to the protection of personal data (as amended from time to time) and/or the provisions of any other applicable legislation.

iii. The applicant has been notified of his/her rights in relation his/her data contained herein. The aforesaid rights are outlined analytically in the Privacy Notice of the EUC a copy of which the applicant has received and which is also available at <http://euc.ac.cy/en/legal/privacy-notice---gdpr>. For the avoidance of any doubt the applicant hereby confirms that the applicant is fully aware of his/her rights in relation to his/her data contained herein.

Student's signature				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%;">Day</td> <td style="border: 1px solid black; width: 33%;">Month</td> <td style="border: 1px solid black; width: 33%;">Year</td> </tr> </table>	Day	Month	Year
Day	Month	Year		

APPLICATION GUIDELINES

This application will become part of your permanent record at European University Cyprus. It should be completed and returned with all necessary documents to:

Office of Admissions
European University Cyprus
P.O.Box 22006, 1516 Nicosia - Cyprus

For immediate inquiries please phone, fax or email:
Tel: +357-22713000, Fax: +357-22713172
email: medicine@euc.ac.cy
www.euc.ac.cy

Admission Requirements

The applicant is required to submit the following items:

1. The Application Form

Fill in this form and submit it with a non-refundable application fee of €52.

2. Academic Records

Enclose attested copies of high school leaving diploma and final grade marksheet. Where necessary, these academic records and examination results must be translated into English.

Students who have started their College/University education elsewhere and wish to apply for admission to the School of Medicine of European University Cyprus, must submit official

transcripts (marksheet) in English for all work previously completed. Official transcripts must be sent directly to the Office of Admissions.

Different visa requirements exist for various nationalities (for more details, students must contact the Office of Admissions).

3. Passport Copy

Enclose a copy of your valid passport.
(International Students Only).

4. English Language Proficiency

English is the language of instruction at the School of Medicine of European University Cyprus. Applicants need to have passed either the TOEFL examination with a minimum score of 550, (Paper-Based) or 213 (Computer-Based) or 79 (Internet-Based), English Language GCSE (or GCE) 'O' level with Grade 'C' and above or IELTS with a score of 6.5 and above, or other equivalent English examination. In order to be considered for admission all applicants need to submit original or attested results to the Office of Admissions.

5. Personal Statement

6. Academic Reference/Letter of Recommendation

Ensure that your reference is signed and certified by the school or university with which the referee is affiliated. The reference must be sent directly to the Office of Admissions or by email to L.nardi@euc.ac.cy

FOR OFFICE USE ONLY - Please do not write in this section

	Amount	Receipt No.	Date	Ref. No.
Application Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Down Payment	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reg. No. <input type="text"/>
Notes	<input type="text"/>			

Check List

- Official copy of High School Leaving Certificate and grade marksheet
- Copy of valid passport/identity card
- One passport size photograph
- Proof of English proficiency (if any)
- Official copy of a Bachelor's Degree
- Official copy of Academic transcript
- Recommendation letter
- Recent CV
- Personal Statement

Check List for NON EUC STUDENTS

- Passport
- Criminal Record
- Medical Exams
- Bank Statement / Sponsorship
- Academic Qualifications
- Payments