

Application Form



**CYPRUS
INSTITUTE
of MARKETING**
**THE CYPRUS
BUSINESS SCHOOL**

No.

1. Personal Details

Title: Mr/Ms/Miss/Mrs etc: _____

Full name: _____

Nationality: _____

Correspondence address: _____

Postcode: _____

Telephone number: _____

Home: _____ Mobile: _____

Fax number: _____

E-mail: _____

Home address (if different): _____

Postcode: _____

Sex: Male Female

Date of birth: _____

Day: Month: Year: _____

DISABILITY/SPECIAL NEEDS: (You must tick one of the appropriate boxes)

- 0. No disability/awareness of additional support requirements in study or accommodation
- 1. Specific learning difficulties (for example, dyslexia)
- 2. Blind/partially sighted
- 3. Deaf/hard of hearing
- 4. Wheelchair user/mobility difficulties
- 5. Autistic Spectrum Disorder/Asperger Syndrome
- 6. Mental health difficulties
- 7. Unseen disability (for example, diabetes, epilepsy, heart condition)
- 8. Two or more of the above disabilities/special needs/medical conditions
- 9. Disability/special needs/medical condition not listed above

2. Course to which you are applying

Course(s) _____

Study Mode:

Full-Time Part-Time

Campus:

Nicosia Limassol

Please state the month and year when you expect to start the Course:

SEPTEMBER _____

3. Tuition Fees

Notes: _____

Decision by Admissions Tutor

This Section is for Office Use ONLY - Do not complete

Date Received: _____

Campus: _____

Year: _____

Accept: Yes No

Exemptions given: (Please state)

Academic signature: _____

Date: _____

9. Name & Address of Referee(s)

1. Indicate below the two persons you have asked for reference:
2. Please try to supply:
(i) One Academic Reference from your School, College or University
(ii) A Reference from your present/recent employer
3. Cyprus Institute of Marketing will NOT request references from your referees. It is your responsibility to ensure that all references are forwarded to the Admissions Office at Cyprus Institute of Marketing.
4. To ensure that you receive a prompt decision on your application we recommend that your completed references are attached to your completed application form.

REFEREE 1. Name:	REFEREE 2. Name:
Post held:	Post held:
Address:	Address:
Telephone No:	Telephone No:

10. Criminal Convictions

Do you have any criminal convictions YES NO

If you have been convicted of a criminal offence, excluding motoring offences for which a fine and/or up to three penalty points were imposed, you are required to declare this. If you tick 'yes' box you will be required to provide details of the conviction.

11. How did you hear about the course at The Cyprus Institute of Marketing?

12. Declaration

I confirm that the information given in this form is correct and complete.

Signature of Applicant: _____ Date: _____

CHECKLIST

Have you:

1. Completed the application form in full
2. Attached copies of transcripts/certificates of your qualifications where applicable
3. Attached completed references to the application form
4. Attached copy of High School Leaving Certificate
5. Attached copy of your ID or Passport
6. Attached a Passport sized photo

Please return this completed application form with references to:

The Cyprus Institute of Marketing
P.O.Box 25288, 1308 Nicosia, Cyprus
E-mail: info@cima.ac.cy