

Erasmus Application Form

No. _____



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

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: _____

Place of birth: _____

2. Course to which you are applying

Course(s) _____

Campus:

Nicosia

Limassol

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

SEPTEMBER (Fall) _____

JANUARY (Spring) _____

3. Home Institution from which you are applying

Name: _____

Code: _____

Address: _____

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

4. Nationality

Nationality: _____

Passport No.: _____

Date of Issue: _____

Date of Expiry: _____

10. Health Insurance (It is mandatory to have insurance either in your country or in Cyprus that covers you in Cyprus.

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 copy of Health Insurance
4. Attached copy of your Passport
5. Attached copy of your Home Institution approval form
6. Attached 2 Passport sized photos
7. Attached Learning Agreement

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: _____

Application Deadlines

SEPTEMBER (Fall): **30th May**

JANUARY (Spring): **25th October**

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