

ACADEMIC INFORMATION

ENGLISH QUALIFICATION: YES NO

SPECIFY:

HIGH SCHOOL NAME:

YEAR GRADUATED:

FINAL MARK: (PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPTS)

COLLEGE / UNIVERSITY NAME (if applicable) :

YEAR GRADUATED:

COURSE ATTENDED:

FINAL MARK: (PLEASE ATTACH A COPY OF YOUR COLLEGE/UNIVERSITY TRANSCRIPTS)

CHECKLIST

(The following documents are attached.)

PASSPORT COPY POLICE CERTIFICATE MEDICAL CERTIFICATE

100€ APPLICATION FEE HIGH SCHOOL TRANSCRIPT COLLEGE/UNIV. TRANSCRIPT

IF YOU HAVE A DISABILITY WHICH WE MAY BE ABLE TO HELP YOU WITH OR REQUIRE EXTRA SUPPORT, PLEASE TICK THIS BOX.

IF YES, PLEASE SPECIFY:

DECLARATION

I DECLARE THAT THE ABOVE INFORMATION IS TRUE. THIS INFORMATION IS GIVEN TO AND APPROVED BY THE IMMIGRATION DEPARTMENT OF CYPRUS AND MINISTRY OF EDUCATION. I UNDERSTAND THAT ANY FALSE INFORMATION SUBMITTED IN SUPPORT OF MY APPLICATION IS CONSIDERED A CRIME AND MAY RESULT IN THE WITHDRAWAL OF MY APPLICATION.

.....
APPLICANT'S SIGNATURE

.....
DATE