



1961

## **APPLICATION FORM**

FOR OFFICIAL USE ONLY		
FILE No.:	DATE RECE	VED:
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	CASA COLLEGE	APPLICATION TO TRANSFER TO CASA COLLEGE
[		
SEMESTER & YEAR: FALL 20	SPRING 20	
COURSE APPLYING TO		
HOTEL ADMINISTRATION	ADULT NURSING	CRUISE SHIP HOSPITALITY OPERATIONS
PERSONAL INFORMATION		
NAME:		LAST NAME:
DATE OF BIRTH:		GENDER: MALE FEMALE
ADDRESS:		
EMAIL:		
PHONE No.:	PASSPORT No.:	EXPIRY DATE:
OCCUPATION:		
AGENT'S NAME:		
AGENT'S PHONE No.:	A	GENT'S EMAIL:

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 ( <i>if applicable</i> ) :	
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   180€ 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	
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. I COMMIT THAT MY SOLE PURPOSE OF COMING TO CYPRUS IS TO BE A FULL-TIME STUDENT AND WILL NOT, UNDER ANY CIRCUMSTANCES, APPLY TO BECOME AN ASYLUM SEEKER AND/OR REFUGEE.	

APPLICANT'S SIGNATURE

DATE

I CONSENT TO HAVING CASA COLLEGE COLLECT MY DETAILS VIA THIS FORM