

APPLICATION FOR ADMISSION

Please read the instructions on the back of this form and complete all sections. Surname First Name Middle Name Passport No./I.D Place of Issue: Date of Issue: Date of Expiry: Day Month Year Day Month Year A. ADMISSION INFORMATION Semester for which you are applying: Fall Spring Summer Year Year Indicate below the programme of Study for which you are applying: Two Year Associate Degree Accounting Technician Banking Technician **General Business** Four Year Bachelor's Degree Accounting, Banking and Finance **Business Administration** Master of Business Administration (MBA)

B. PERSONAL DATA										
Permanent Home Address:										
Country			City	City Postal Code			Code			
Mail Address:										
(if different from the above)										
Country			City		Postal Code					
Telephone	Cell Pho	Cell Phone Fax								
Гесернопе	Cett i iloi					`				
E-mail										
Sex: Female Male	Female Male Date of Birth:									
						Day Mor	nth Year			
Nationality:	ID Car	d/Passpo	ort No.							
STUDENTS WITH SPECIAL NEEDS: Provide any information that the college should be aware of.										
STODENTS WITH SPECIAL NEEDS.	Only the proper						led here.			
C. EDUCATIONAL BACKGRO	UND									
		OUS EDI	JCATIO	N						
List in chronological order all	Schools (Second	ary, Colle	ege or Ur	niversity						
documents of the educa	ational qualificat	1		1		his applicati Average				
Name of School/University	Name of School/University City/Country		Period From To		Title Awarded		Language of Instruction			
		110111	10	7111		Grade				
ENGLISH	H LANGUAGE/O	THER E	XTERNA	L EXAM	MINATIONS	5				
List in chronological order of any of the exan	English or other ninations listed b						ng documents			
Type of Exam		, IIIG	Date	,,						
(i.e. TOEFEL, GCE, ELTS, LCCI etc.)	Score/Grade		Month	Year Boa		rd or Examining Board				

D. APPLICANT'S DECLARATION

I hereby declare that the above information is true and that I have not misrepresented or inaccurately represent any element or certificate submitted with this application. I also agree that with my registration at the CBS - College of Business Studies Cyprus, I undertake to abide by the rules of study and regulations of operation of the College.

Further on, I hereby declare that I am aware of the provisions of the Processing of Personal Data (Protection of Individuals), [138 (1) / 2001 act] as well as the EU General Data Protection Regulation (GDPR) and provide an explicit and unreserved and /or my irrevocable consent and authorize the College of Business Studies, to keep in electronic or any other form of one or more files of personal data within the meaning and application of the law, and which files concerning me and have been declared or will be declared.

I also irrevocably consent such as CBS may contact me with any form of communication.

Applicant's Signature:	 Date:			
		Day	Month	Year

ADMISSION INSTRUCTIONS

Application Submission

This application should be completed and delivered to:

College of Business Studies Cyprus Admissions' Office

3 Kostaki Pantelidi str., 2057 Nicosia, Cyprus P.O.Box 25331,

1308 Nicosia, Cyprus Fax: +357 22664910

Email: admissions@cbscy.ac.cy

Application Requirements

For the examination of this application is required to fill in all the details, accompanied by all required documents (transcripts, certificates, etc.)

- a) A photocopy of your passport or ID, which clearly displays your name, date of birth, passport number, passport issue date and expiry date. Your passport must be valid for at least 2 years from the date of your application.
- b) A copy of your secondary and higher secondary school certificates (Apolyterion) and a copy of your grades. Your transcript must indicate a 75% average overall grade or higher. These documents must be translated in English and attested.
- c) A copy of your evidence of knowledge for English Language.

- d) A personal statement of interest for the relevant program.
- e) A non-refundable Application fee of €60.

Deadlines of Submission

Applications should be returned to the Admission's Office as follows:

Fall Semester: Beginning of August Spring Semester: Beginning of December

Other Information

Detailed information relevant to the application procedure, the minimum English language requirements etc., is provided on the website (www.cbscy.ac.cy).

Direct Contact

For any further inquiries contact us:

Tel.: +357 22459090 Fax: +357 22664910

Email: info@cbscy.ac.cy, admissions@cbscy.ac.cy

CBS - College of Business Studies Cyprus

Main Offices: 3 Kostaki Pantelidi str., 1st floor, 2057 Nicosia P.O.Box 25331, 1308 Nicosia

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