

2, DANAIS AV., 8042 PAFOS, CYPRUS

T: +357 26843300 E: intl.recruit@nup.ac.cy W: www.nup.ac.cy

APPLICATION FOR ADMISSION

1. PERSONAL INFORMATION					
Last/Family Name	First/Given	Name	Father's Name		
Home Address					
nome Address					
Postal Code	City/Town		Country		
Telephone Number (Home)	Mobile		Fax		
E-mail	Contact Address (if different from home address)				
Day Mon	th Year				
Date of Birth		Country of Birth			
Nationality	ationality ID Number (EU Citizens)				
2 SEMESTED WHICH VOIL AS	DE ADDIVING EOD				
2. SEMESTER WHICH YOU ARE APPLYING FOR Fall Spring Academic Year					
A DECORAMME WILLIAM ADE ARRIVINO FOR					
PROGRAMME WHICH YOU ARE APPLYING FOR A. Name of Programme					
B. Bachelor's Doctoral Doctoral					
C. Conventional Distance Learning Distance Learning English Programme					
E. Are you transferring from another college/university?					
If yes please list the names of other universities/colleges you are transferring from:					

FOR INTERNATIONAL STU							
Passport no. Co	ountry of Issu	e	Date of Issu	ıe		Expiration [Date
If you are already in Cyprus, please answer the following questions:							
Date you entered Cyprus Please indicate the type of Visa you now hold							
		Student	Visitor		her (specify)		
STUDENT VISA: Upon acceptance of the applic Once the student submits all Migration Authorities for an en (Under no circumstances should	the necessar try Visa.	y documentation an	d payments, N	eapolis Un	iversity Pafos wil	I then apply to	the Cyprus
4. SPONSOR							
Last/Family Name		First/Given Name			Father's Name		
,							
Home Address							
Postal Code	City/Tov	wn		Country			
				l			
Telephone Number (Home)		Mobile		Fax			
E-mail							
L maii							
Relation to Applicant				Sponso	r's Signature		
redución to replicant				Оролюо	r o oignataro		
5. SPECIAL EDUCATIONA	AL NEEDS A	ND DISABILITIES	1				
Please specify any learning difficulties, physical or other disability/medical conditions which may require special arrangements or facilities by sending an email to the following address <i>keeaa@nup.ac.cy</i> . Providing this information will not discriminate your application and details will be maintained confidential by authorised university personnel.							
6. EDUCATIONAL BACK	ROUND						
Please list, in chronological order (starting from the most recent one), secondary schools, colleges and universities you have attended, or you are currently attending. Copies of certificates, diploma, degrees, transcripts (mark sheets) or any other supporting documents must accompany this application.							
B							
Previous/Current Education	1		Date of Atten	dance	Qualification	- np p	
Previous/Current Education Name of School		ity/Country	Date of Atten	dance To	Qualification Received (Certificate, Degree, etc.)	Average Grade	
		ity/Country		_	Received (Certificate,	Average	cuments must Language of
		ity/Country		_	Received (Certificate,	Average	cuments must Language of
		ity/Country		_	Received (Certificate,	Average	cuments must Language of
		ity/Country		_	Received (Certificate,	Average	cuments must Language of
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		ity/Country		_	Received (Certificate,	Average	cuments must Language of
		ity/Country		_	Received (Certificate,	Average	cuments must Language of
Name of School 7. ENGLISH LANGUAGE	PROFICIENC	CY	From	Го	Received (Certificate, Degree, etc.)	Average Grade	cuments must Language of
Name of School	PROFICIENCE	CY age qualifications (e.	From	Го	Received (Certificate, Degree, etc.)	Average Grade	cuments must Language of
7. ENGLISH LANGUAGE Please provide details of any Copies of official qualifications	PROFICIENCE	CY age qualifications (e.q st accompany this ap	g. TOEFL, IELT	Го	Received (Certificate, Degree, etc.)	Average Grade	cuments must Language of
7. ENGLISH LANGUAGE Please provide details of any	PROFICIENCE	CY age qualifications (e.q st accompany this ap	From	Го	Received (Certificate, Degree, etc.)	Average Grade	cuments must Language of
7. ENGLISH LANGUAGE Please provide details of any Copies of official qualifications	PROFICIENCE	CY age qualifications (e.q st accompany this ap	g. TOEFL, IELT	Го	Received (Certificate, Degree, etc.)	Average Grade	cuments must Language of

8. PROFESSIONAL EXPERIENCE

Start with your latest employer and list the work experience you have had previously in chronological order. Please also provide details of any unpaid or voluntary work, or training.

Date From (mm/yy)	es To (mm/yy)	Name of employer an	d	Position held/duties a	nd responsibilities
1 10111 (111111/99)	10 (11111111111111111111111111111111111	nature of business			
9. OTHER QU	IALIFICATIONS	3			
Please list any	other qualificatior	ns obtained by examination. Copies o	of official results	must accompany this a	pplication.
Subject		Board or Examining Body	Grade	/Result	Examination Date
10 FURTHER	RINFORMATIO	AI			
		oolis University Pafos (Please tick the	appropriate box	(es)	
Word of mouth	NUP Webs	ite Other website Social N	Media Go	ogle Radio	TV Billboard/OOH
Magazine	Newspaper	Event/Fair School Visit C	Corporation/Asso	ociation/Authority	Agent Other
Please list any o	other universities	to which you are applying			
11. ALUMNI C	OFFICE				
University F (i) (ii	Pafos for the purpo of registering me of contacting me, re	to the processing of my personal inforose: as an Alumni (graduate student) to the egarding news, events, marketing purp other purpose related to the aforesaid re	e Alumni Office of oses, services, off	Neapolis University Pafo	s Database.
	-	ent that I do not wish to be contacted fu		•	•

STUDENT DECLARATION

- 1. I, the undersigned, hereby provide my consent to the processing of my personal information, which I have disclosed herein to Neapolis University Pafos (hereinafter the "University"), by the University for the purpose of:-
- i) communicating with me, either by post, telephone, email or any other way, regarding any information relating to my study application, and once accepted as a student, communicating with me, either by post, telephone, email or any other way, regarding any information relating my relationship with the University including marketing purposes.
 - ii) notifying me in relation to any changes pertaining to such matters.

(hereinafter collectively referred to as the "Purpose")

- 2. I acknowledge that in the event that I, the undersigned, do not wish to be contacted further by the University, I may at any time inform the University in accordance with the available communication methods.
- 3. I hereby acknowledge that, within the context of the performance of the Purpose, I may be required to provide personal information either to the University (including, but not limited to, my medical history) which are classified as 'sensitive' for the purposes of European data protection law and for which there are additional restrictions on how organisation(s) may use and hold this information. The University hereby confirms that it will always communicate to you the purposes for which the University wishes to use my sensitive information when it is being collected, and, if necessary, obtain my consent at that time. In such cases, i will be able to withdraw my consent at any time.
- 4. For the avoidance of any doubt, the following apply:-
- i. Any information and data provided herein by me to the University and which will be used, either directly or indirectly, by the University for the performance of the Purpose (as the case may be), shall at all times be identified, clearly marked and recorded by the University as my personal data.
- ii. All personal data acquired from me pursuant to this form shall be solely used by the University for the performance of the Purpose (as the case may be) and shall not be further processed or disclosed to any third party without my consent, unless this is required and/or allowed pursuant to the provisions of the Regulation (EU) 2016/679 on the Protection of Personal Data and/or the provisions of the applicable local legislation in relation to the protection of personal data (as amended from time to time) and/or the provisions of any other applicable legislation.
- iii. I have been notified of my rights in relation his/her data contained herein. The aforesaid rights are outlined analytically in the Privacy Notice of the University, a copy of which is available at www.nup.ac.cy . 5. I hereby declare that the submitted documents/certificates of studies are true copies of the originals.

Name		
Signature	Date	

APPLICATION GUIDELINES

This/your application will become part of your permanent record at Neapolis University Pafos. It should be completed and returned with all necessary documents to your student advisor.

For further inquiries or information, please contact the Recruitment & Admissions Department: Tel: +357 26843368

Please submit the following:

Bachelor

- 1. ID/Passport copy
- 2. Secondary School Leaving Certificate and Trascript
- 3. English Language Proficiency
- 4. One reference letter
- 5. Personal Statement (max.500 words)
- 6. Curriculum Vitae (CV)
- 7. Portfolio (only for Architecture)

Master

- 1. ID/Passport copy
- 2. Secondary School Leaving Certificate and Trascript
- 3. Bachelor Degree and Transcript
- 4. English Language Proficiency
- 5. Two reference letters
- 6. Personal Statement (max.500 words)
- 7. Curriculum Vitae (CV)

ADMISSION POLICY STATEMENT

The University adheres to a policy of non-discrimination in admitting students without reference to race, colour, religion, gender, age, handicap or national origin.

Admission to the University is granted under different categories depending on student qualifications and educational objectives. The University admissions policy relies on the student's past records, including high school grades.

PhD programmes

- 1. ID/Passport copy
- 2. Bachelor Degree and Transcript
- 3. Master Degree and Transcript
- 4. English Language Proficiency
- 5. Two reference letters
- 6. Research Proposal
- 7. Curriculum vitae (cv)
- 8. Portfolio (research work / publications / supporting material)

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