



**UNIVERSITY OF CYPRUS**  
**BILATERAL AGREEMENTS OF COOPERATION**

**STUDENT EXCHANGES**

**STUDENT APPLICATION FORM**

**ACADEMIC YEAR 200.... / 200....**

**FIELD OF STUDY:** .....

This application should be completed in BLACK in order to be easily copied and/or faxed.

Sending Institution:  Head of Department (name, telephone and fax numbers, e-mail): ..... .....  Head of Institution(name, telephone and fax numbers, e-mail):
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**STUDENT'S PERSONAL DATA**  
*(to be completed by the student applying)*

Family name : .....	First name(s) : .....
Date of birth: .....	ID/Passport No: .....
Sex: F/M ..... Nationality: .....	
Place of birth: .....	
Current address: ..... Permanent address (if different): .....	
.....	
.....	
Current address is valid until: .....	
Tel: ..... Tel: .....	

**LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM *(in order of preference)*:**

Institution	Country	Period of study From To	Duration of stay (months)	No. of expected credits
1. ....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....

Briefly state the reasons why you wish to study abroad

.....  
.....  
.....

**LANGUAGE COMPETENCE**

Mother tongue: .....

Language of instruction at home institution (if different): .....

Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	YES	NO	YES	NO	YES	NO
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)**

Type of work experience	Firm/organization	Dates	Country
.....	.....	.....	.....
.....	.....	.....	.....

**PREVIOUS AND CURRENT STUDY**

Diploma/degree for which you are currently studying: .....

Number of higher education study years prior to departure abroad: .....

Have you ever studied abroad? YES  NO

If yes, when? At which institution? .....

The attached Transcript of Records includes full details of previous and current higher education study. Details not known at the time of application should be provided at a later stage.

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad? YES  NO

**RECEIVING INSTITUTION**

We hereby acknowledge receipt of the application, the proposed Study Programme and the candidate's Transcript of Records.

The above-mentioned student is  provisionally accepted at our institution

not accepted at our institution

Head of Department  Director, Research and International Relations

Signature: ..... Signature:.....

Date: ..... Date: .....