



University of Cyprus
school of modern greek

Application form
 P.O.Box 20537, 1678 Nicosia, Cyprus

PLEASE NOTE! THIS APPLICATION FORM IS NOT VALID AS REGISTRATION TO THE COURSES. PLEASE CALL THE OFFICE (22892028) OR SEND AN EMAIL (smgreek@ucy.ac.cy) TO BE INFORMED ABOUT CONDITIONS AND DATES.

(Photograph)

Please tick the programme you wish to attend

a. Intensive One Semester Course (13 weeks)

b. Non Intensive Two Semester Course (26 weeks)

c. Intensive Summer Course (4 weeks)

I wish to attend a modern Greek course in the academic year

PERSONAL DETAILS (Please complete in capital letters)

Family name _____ First Name _____ Mr Ms

Date of birth _____ Nationality _____

Passport No _____ Identity card No _____

Occupation _____ Studies _____

Mother tongue _____

I am an Erasmus student Yes No

Sending Institution (if Erasmus student) _____

EILC Grand Yes No

Permanent address _____
 _____ Telephone _____

Address in Cyprus (if different from above) _____
 _____ Telephone _____

E-mail address _____ Fax number _____

Have you attended classes at the School of Modern Greek before? _____

If yes, which level? _____

Where have you heard about the School of Modern Greek? _____

Which level (beginners, intermediate, advanced or higher) do you wish to attend? _____

KNOWLEDGE OF GREEK:

very good

good

average

limited

non existent

PLEASE STATE BRIEFLY WHEN AND WHERE YOU HAVE VISITED A GREEK COURSE BEFORE:

Date	School	Level	Duration (hours/week)
1.			

Date	School	Level	Duration (hours/week)
2.			

Date	School	Level	Duration (hours/week)
3.			

Date	School	Level	Duration (hours/week)
4.			

PLEASE STATE BRIEFLY YOUR DIFFICULTIES IN GREEK AND FOR WHICH PURPOSES YOU USE THE LANGUAGE (FAMILY, WORK ETC.)

I accept the conditions of the course about which I have been informed.

Date _____

Signature _____