



Reg. No.:
Program of Study:

Nicosia Campus:
7 Yianni Frederickou Str., Pallouriotissa, 1036 Nicosia, Cyprus
P.O.Box 24729, 1303 Nicosia, Cyprus
tel.: +357 22431355, fax: +357 22438234

Limassol Campus:
18 Mariou Agathangelou Str., Ayios Georgios Havouzas, 3080 Limassol, Cyprus
P.O.Box 56368, 3306 Limassol, Cyprus
tel.: +357 25730975, fax: +357 25735001

e-mail: admoff@fit.ac.cy
website: www.fit.ac.cy

Admissions officer handling the application:

Signature: Date: / /
Day Month Year

For office use only. Do not write below this line

Student Registration No.:

Fees:

Application fee Amount: Receipt No. Date: / /
Day Month Year

Tuition Deposit Amount: Receipt No. Date: / /
Day Month Year

International Student Deposit Amount: Receipt No. Date: / /
Day Month Year

Deductions from Tuition Fees:

Type	Details	Amount	Validity
<input type="checkbox"/>	PHS	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	GHS	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	BS	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	F4	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	EDUF	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	FC	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	ATHS	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	OTHER	<input type="text"/>	<input type="text"/>
Approved Total		<input type="text"/>	

Remarks:

Processed by:

Signature: Date: / /
Day Month Year

Application for Admission

1. Applicant

Surname: Name: Father's Name:

Important Note: Please ensure that the name stated herein is the same as it appears on your ID card or passport. Students of programs of study taught in Greek must also state their name in Greek.

Surname: Name: Father's Name:

2. Study Information

Semester / Session applying for: Fall Spring Summer

Program of Study applying for: Notes:

Alternative Program of Study:

Admission Status: Freshman/Continuing Transfer Erasmus Full-time Part-time

Award: Diploma Bachelor's Degree Master's Degree

3. Personal Data

Permanent Address:

Post code: City: Country:

Tel.: Mob.: Fax.: E-mail:

Address for correspondence (if different from above):

Post code: City: Country:

Date of Birth: / / Place of Birth: Identity Card No.:
Day Month Year

Country of Origin: Country of Residence: Nationality:

Sex: Male Female Marital Status: Single Married

4. Parents' Particulars

Father's Full Name: Mother's Full Name:

Address: Address:

Tel: Tel:

Living Deceased Living Deceased

Occupation: Occupation:

In case of emergency please contact: father / mother / other (specify)

5. Sponsorship

Sponsor's Full Name:

Address:

Post code: City: Country:

Tel.: Mob.: Fax.: E-mail:

Please state the relationship to the applicant: (father/mother/brother/uncle etc.) :

6. International students only

Passport No.: Country of Issue:

Date of Issue: / / Date of Expiry: / /
Day Month Year Day Month Year

If you are already in Cyprus, please provide information on:

Date you entered Cyprus: / / Type of Visa you now hold: Student Visitor Other (specify)

Name of Educational Institutions you have attended since entering Cyprus:

7. Educational Background

Names of Schools attended (Secondary, College, University) – *most recent first*

Name of School	Location City/Country	Date of Attendance		Qualification Received (Certificate, Degree, etc)	Average Grade	Language of Instruction
		From	To			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Proficiency in English

Examinations passed and levels: (GCE, GCSE, IGSCE, IELTS, TOEFL)

Name of Examination	Grade / Result	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Other Educational Qualifications

Examinations passed and levels: (GCE, GCSE, LCCI, etc.)

Examining Body	Subjects Passed	Grade / Result	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Employment Record (graduate students only) in chronological order

List employment positions held in the past five years.

Employer	Nature of work	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Special Needs

Please state if you have any disability or special medical condition. A copy of the medical/professional report(s) will be required. Please note, if essential information is withheld it may lead to the cancellation of your admission to the Program.

12. Hobbies

State your main hobbies (music, reading, swimming, football, cricket, travelling, etc.)

13. Chosen Method of Payment

Tuition and other fees are calculated and charged at the beginning of each semester. Home students may be permitted to pay their tuition and other fees in up to four monthly instalments per semester (up to 8 instalments yearly). The first instalment must be paid prior to the beginning of the semester.

Home students only: Semester in advance Monthly Bi-monthly

Other (please specify): / /
Day Month Year

14. Indicate Source(s) and reason(s) that led you to apply

Sources: High School staff/counsellor FIT staff FIT Website Friends

FIT student or graduate Recruitment Consultant Education Fair

Advertisement (please specify) Other (please specify):

Reasons: Reputation Program of study Possibilities of transfer to UK, USA and other Universities

Cost of study Other (please specify):

15. Disclosure of Personal Data

I consent / I do not consent for my progress report, conduct and other personal matters to be disclosed by Frederick Institute of Technology to my parents and or sponsor (delete as appropriate).

16. General Undertaking

I confirm that the information provided on this form is complete and accurate and the supporting documents submitted are genuine. If I am admitted, I agree to abide by the rules and regulations of Frederick Institute of Technology.

Applicant's Signature: Date: / /
Day Month Year

Note: This Application Form should be accompanied by all supporting documents, when submitted.