Application Form for Admission – Postgraduate Studies

Applications can be submitted by completing this paper application form. The paper application form must be submitted to the Coordinator of postgraduate studies of the relevant department.

Applications should include the following:

- Completed application form
- Copies of publications, if any
- Copies of University degrees
- Transcripts as appropriate
- Copies of additional certificates such as exams, awards etc.
- Two signed letters of recommendation in sealed envelopes, sent directly to the Coordinator of Postgraduate Studies of the department. For the departments of the Faculty of Engineering, all recommendation letters should be written on a special form, which can be found on the website [http://www.ucy.ac.cy/graduateschool/en/admissions/applications-forms](http://www.ucy.ac.cy/graduateschool/en/admissions/applications-forms)
- Curriculum Vitae
- Additional documents and degrees mentioned in the application

**Information for International Students:**

Be informed that Student Halls are operating at the University of Cyprus. The Student Halls are located on the new campus, in the Athalassa area. These are at present of 12 buildings consisted of 208 single study / bedrooms. In addition, Student Apartments are also offered for the accommodation of Erasmus and other exchange/ international students. Erasmus and other [exchange / international students](http://www.ucy.ac.cy/graduateschool/en/admissions/applications-forms) must submit their room application forms by **June 15 for the Fall Semester and by November 15 for the Spring Semester**. Priority for accommodation is given to first year postgraduate students and/or students registered for a full academic year. The majority of students are offered accommodation in the Student Apartments. For more information on accommodation for Erasmus and other international students, consult the brochure [Housing Information for Erasmus and other Foreign Students](http://www.ucy.ac.cy/graduateschool/en/admissions/applications-forms), published by and available at the Housing Office. You may contact the Housing Office by email at housing@ucy.ac.cy, and/or by phone at 0035722894038/4045.

**Note:** Incomplete applications and applications submitted after the deadline for the submission of applications will not be accepted and evaluated.

The application package should be sent to the following mailing address:

**Postgraduate Studies Coordinator**  
**Department of Civil and Environmental Engineering**  
**University of Cyprus**  
**P. O. Box 20537**  
**1678 Nicosia – CYPRUS**
## 1. PERSONAL INFORMATION:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Middle / Father’s Name</th>
<th>Second Name</th>
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<thead>
<tr>
<th>Identity Card Number</th>
<th>Passport Number</th>
<th>Passport Exp: Date</th>
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<table>
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<tr>
<th>Date of Birth (d/m/yr)</th>
<th>Place of Birth</th>
<th>Nationality</th>
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</table>

Gender: Male [ ] Female [ ]

## 2. MAILING ADDRESS AND CONTACT DETAILS:

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>Town</th>
<th>Region code</th>
<th>Country</th>
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<table>
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<tr>
<th>Home Telephone Number</th>
<th>Fax Number</th>
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<table>
<thead>
<tr>
<th>Mobile Number</th>
<th>E-mail address</th>
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3. EDUCATION:

Please state in chronological order the University or College attended and the degree(s) obtained. Also enclose certified copies of degrees and transcripts.

<table>
<thead>
<tr>
<th>DURATION</th>
<th>UNIVERSITY /COLLEGE</th>
<th>COUNTRY</th>
<th>TITLE/ DEGREE</th>
<th>GRADE (GPA)</th>
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</thead>
<tbody>
<tr>
<td>FROM (MONTH/YEAR)</td>
<td>TO (MONTH/YEAR)</td>
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4. EXAMINATIONS/ FOREIGN LANGUAGE CERTIFICATES:

(e.g. GCE/IGCE, GMAT, TOEFL, IELTS). Copies of the official results must be submitted with this application.

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>CERTIFICATE</th>
<th>RESULT</th>
<th>DATE</th>
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5. LANGUAGES:

Level is specified by 1, 2, 3, 4 according to the following scale:
1: Excellent, 2: Very Good, 3: Good, 4: Fair

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<tr>
<th>Language / Level</th>
<th>Reading</th>
<th>Writing</th>
<th>Speaking</th>
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<tbody>
<tr>
<td>Greek</td>
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<tr>
<td>English</td>
<td></td>
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6. WORK EXPERIENCE (If any):
Please state your most recent occupations, related to your area of interest, followed by additional areas

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<th>NAME OF COMPANY/EMPLOYER</th>
<th>DATES</th>
<th>POSITION</th>
<th>DUTIES</th>
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<tbody>
<tr>
<td></td>
<td>FROM (month/year)</td>
<td>TO (month/year)</td>
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7. RESEARCH EXPERIENCE (If any):
Please describe any experience in conducting research

_____________________________________________________________________________
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8. SHORT REPORT OF PERSONAL GOALS AND INTERESTS
Please describe the reasons why you want to be admitted to the postgraduate program, your personal goals and interests, your future working plans, etc. (Up to two pages. You can use a separate sheet of paper).
9. PROVIDE DETAILS FOR ANY PUBLICATIONS, RESEARCH, ARTICLES etc.:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
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10. DISTINCTIONS/ ACTIVITIES/ AWARDS:

_____________________________________________________________________________
_____________________________________________________________________________
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11. ADDITIONAL INFORMATION:
You may provide any additional information related to yourself, your studies or any other domain considered noteworthy.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Note: Please attach any supporting documentation to the application form.

12. RECOMMENDATIONS:
Provide the names of two university professors, from whom you will request letters of recommendation. The letters of recommendation should be sent in sealed envelopes directly to the Postgraduate Studies Coordinator of the relevant Department.

| Name _______________________________ | Name _______________________________ |
| Institution __________________________ | Institution __________________________ |
| Position _____________________________ | Position _____________________________ |
| Address _____________________________ | Address _____________________________ |
|                                      |                                      |
| Telephone Number ____________________ | Telephone Number ____________________ |
| E-MAIL address ______________________ | E-MAIL address ______________________ |
DISCLAIMER

(a) I confirm that all the information provided on this form is complete and accurate. If I am admitted, I agree to comply with the rules and regulations of the University of Cyprus.

(b) With this statement I provide my explicit and unconditional consent for the processing by the University of Cyprus of my personal data as declared by me, in accordance with the provisions of the Personal Data (Protection of Individuals) Law, Law 138 (I)/2001.

I have been informed that the records will be maintained by the Academic Affairs and Student Welfare Service and the recipients of the data, mainly of the transcript will be the personnel of this Service as well as the personnel of the Faculties and the Departments of the University (Deans of the Faculties, Chairmen of the Departments, Secretaries).

The management and processing of my personal data will be secure and confidential and subject to the relevant provisions of the Personal Data (Protection of Individuals) Law, Law 138 (I)/2001. I know that I have the rights of briefing, access and objection of articles 11, 12 and 13 of the Law 138 (I)/2001, for which I can be addressed to the person in charge of treatment (Academic Affairs and Student Welfare Service).

I have been informed that my details will remain in the file of the University of Cyprus for a period of one year from the submission of my application.

I understand and agree that my application for admission to a postgraduate programme of the University of Cyprus does not commit the University in any way regarding its acceptance or not.

Name: ........................................................................

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

Date: .................................................................
FOR OFFICIAL USE ONLY

Date on which the application was received by the department: _______________________

Signature: _______________________

Department: _______________________

Decision taken by the department

Admitted □
Not admitted □

Additional Information needed □

1.___________________________________________________________________________

2.___________________________________________________________________________

3.___________________________________________________________________________

________________________________                                           _______________________
Signature                        Date