



EUROPEAN UNIVERSITY OF LEFKE
ENGLISH PREPARATORY SCHOOL
STUDENT REQUEST FORM

Student Information	
Full Name:	_____
Student Number:	_____
Date of birth (mm/dd/yyyy):	_____
Address:	_____
Telephone/ Mobile number:	_____
E-mail:	_____

Please state your request clearly. If you wish, you may attach a letter or additional sheets of paper.

Student's Signature: _____

Date: _____

PLEASE SUBMIT REQUEST FORM TO PREPARATORY SCHOOL STUDENT ADVISOR(S) OR SECRETARY.

This part will be completed by the student advisor(s).

Student Advisor: _____
Signature: _____
Date: _____
Comments:

Director: _____

Signature: _____

Date: _____

Approved: _____
Not Approved: _____