



EUROPEAN UNIVERSITY of LEFKE

POSTGRADUATE APPLICATION FORM

MASTER PROGRAMME APPLYING FOR (Please tick appropriate box):

Without Thesis (1 YEAR)

- MArch Architecture
- MBA Business Administration
- MA English Language Teaching
- MSc Environmental Sciences
- MA Health Management
- MA International Economics & Finance
- MA International Relations
- MA Management Information Systems
- MA Political Science & Public Administration

With Thesis (2 YEARS)

- MArch Architecture
- MBA Business Administration
- MSc Civil Engineering
- MA Communication Studies
- MSc Computer Engineering
- MSc Electrical & Electronics Engineering
- MA English Language Teaching
- MSc Environmental Sciences
- MA Health Management
- MSc Horticultural Production & Marketing
- MA International Economics & Finance
- MA International Relations
- MA Management Information Systems
- MA Political Science & Public Administration

PhD PROGRAMME APPLYING FOR (Please tick appropriate box):

- | | | |
|---|---|--|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Electrical & Electronics Engineering | <input type="checkbox"/> International Relations |
| <input type="checkbox"/> Business | <input type="checkbox"/> Environmental Sciences | <input type="checkbox"/> Management Information Systems |
| <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Health Management | <input type="checkbox"/> Political Science & Public Administration |
| <input type="checkbox"/> Computer Engineering | <input type="checkbox"/> Horticultural Production & Marketing | |

Applying as:

- First Year Transfer

Proposed starting date:

- Fall 2018 Spring 2019

HOW DID YOU LEARN ABOUT THE EUROPEAN UNIVERSITY OF LEFKE?

Please tick (✓) one or more of the following:

- ADVERTISEMENTS EXHIBITIONS FRIENDS INTERNET PRESS COVERAGE
 SCHOOL VISITS CURRENT STUDENT OF THE UNIVERSITY
 EUL REPRESENTATIVE (name of the representative or company): _____

SECTION A: PERSONAL DETAILS

FIRST/ GIVEN NAME(S):

SURNAME / FAMILY NAME:

PREVIOUS SURNAME / FAMILY NAME (if applicable):

TITLE (Mr, Ms, Mrs, Miss, etc.):

DATE OF BIRTH: day __ / month __ / year ____

GENDER: MALE / FEMALE

CITIZENSHIP:

COUNTRY OF PERMANENT RESIDENCE:

ADDRESSES:

PERMANENT HOME ADDRESS:

ADDRESS FOR CORRESPONDENCE (if different from home address):

TELEPHONE (including country code):

E-MAIL ADDRESS:

Please write in BLOCK CAPITALS using black ink and complete all sections.

All applications must be sent to intoffice@eul.edu.tr

SECTION B: EDUCATION AND QUALIFICATIONS

Please complete all sections of the form

Higher Education

Name of College/University	Country	Dates	Qualification obtained or studying for (e.g. BA, BSc, MBA, etc.)	Main Subject	Result (grade, classification, etc.)
		From:			
		To:			
		From:			
		To:			

SECTION C: ENGLISH LANGUAGE COMPETENCE

Students educated in countries where English is not the first language must provide, before they can be admitted to their chosen degree programme at the University, evidence that they have sufficient command of both spoken and written English.

a) Is English your first language? Yes No

b) Please list any formal English Language qualifications with results obtained (i.e. IELTS) and the dates you took the test.

ENGLISH QUALIFICATION:

RESULT:

DATE:

The University offers an English Language Programme for International Students. The courses are designed to raise English Language skills to an acceptable level to enter a chosen degree course. Students will start at the appropriate stage of the Preparatory courses (September or February) depending on current language level.

SECTION D: SPONSOR / FUNDING SOURCE

SOURCE OF FUNDS: SELF-SPONSORED FAMILY FUNDS GOVERNMENT / COMPANY SPONSOR OTHER

SPONSOR:

SPONSOR'S NAME

RELATIONSHIP OF SPONSOR TO APPLICANT:

SPONSOR'S SIGNATURE:

DATE:

SECTION E: DECLARATION AND SIGNATURE

I certify that answers to the foregoing items and the statements were completed by me and are, to the best of my knowledge, true, complete and correct. I authorize investigation of all statements contained therein. I further understand that any misrepresentation or material omission made on this form renders me liable to disciplinary action.

Signature: _____ Date: _____