

F

EUROPEAN UNIVERSITY of LEFKE

ASSOCIATE & UNDERGRADUATE APPLICATION FORM



UNDERGRADUATE PR	OGRAMME APPLYING FOR	R (Please tick appropriate box)			
BA Accounting Information BA Agricultural Manageme BA Animation & Game De BA Architecture (4 years) BA Business Administratio BA Computing & Informat BA Digital Game Design (BA Economics (4 years) BA English Language Teac BA Finance & Banking (4 BA Gastronomy & Culinar BA Guidance & Psycholog BA Health Management (4 BA Human Resources Man BA Industrial Product Desi	n Systems (4 years) ent (4 years) sign (4 years) n (4 years) ion Systems (4 years) 4 years) hing (4 years) years) y Arts (4 years) ical Counselling (4 years) 4 years) agement (4 years) gn (4 years) Environmental Design (4 years) & Commerce (4 years) & Transportation (4 years) (4 years) (4 years)	 BA Marketing (4 years) BA New Media & Communications (4 years) BA Political Science & Public Administration (4 years) BA Political Science & Public Administration (4 years) BA Psychology (4 years) BA Public Relations & Advertising (4 years) BA Social Work (4 years) BA Tourism Management (4 years) BA Visual Communication Design (4 years) BSc Civil Engineering (4 years) BSc Computer Education & Instructional Technologies (4 years) BSc Electrical & Electronics Engineering (4 years) BSc Electronics & Communication Engineering (4 years) BSc Electronics & Communication Engineering (4 years) BSc Environmental Engineering (4 years) BSc Molecular Biology & Genetics (4 years) BSc Nursing (4 years) BSc Nursing (4 years) BSc Physiotherapy & Rehabilitation (4 years) BSc Software Engineering (4 years) BSc Software Engineering (4 years) MPharm Pharmacy (5 years) 			
ASSOCIATE PROGRAM	ME APPLYING FOR (Please t	ick appropriate box)			
AA Business Management (2 years)AAS Computer Programming (2 years)Applying as:First YearTransfer		AAS Construction Technologies (2 years) AA Public Relations & Advertising (2 years) Proposed starting date: Spring 2022			
ECTION A: PERSONAL DETA	ILS				
TRST/ GIVEN NAME(S):		SURNAME / FAMILY NAME:			
REVIOUS SURNAME / FAMILY 1	NAME (if applicable):	TITLE (Mr,Ms,Mrs,Miss, etc.):			
		GENDER: MALE / FEMALE			
DATE OF BIRTH: day/month/	/year	PLACE OF BIRTH:			
CITIZENSHIP:	NATIONALITY:	COUNTRY OF PERMANENT RESIDENCE:			
ASSPORT NUMBER:		MOTHER'S NAME / SURNAME:			
NATIONAL ID NUMBER:		FATHER'S NAME / SURNAME:			
NOTARIZED AFFIDAVITS (if necess	ary):	PRESENT ADDRESS:			
PERMANENT ADDRESS:		TELEPHONE (including country code):			
		E-MAIL ADDRESS:			

SECTION B: EDUCATION AND QUALI	FICATIONS							
Please complete all sections of the form								
	Pre-Un	iversity Educatio	on la					
Name of School / College	Country	Dates	Qualification / Awa (include class & division)		Result (grade, classification, etc.)			
		From/To:	,					
		From/To:						
Higher Education (Only for TRANSFER Students)								
			Qualification		Result (grade,			
Name of College / University	Country	Dates	obtained or studyin for (e.g. BA, BSc		classification, GPA, etc.)			
		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:	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								
SECTION D. STONSON TONDING SU	UNCL							
SOURCE OF FUNDS: SELF-SPONSORED FAMILY FUNDS GOVERNMENT / COMPANY SPONSOR OTHER								
SPONSOR'S NAME /SURNAME								
RELATIONSHIP OF SPONSOR TO APPLICANT:								
SPONSOR'S SIGNATURE:			Date:					
SECTION E: DECLARATION AND SIGN	NATURE							
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:					
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):								
Dlanco write in		VI S using block	ink and complete all s	actions				

All applications must be sent to <u>intoffice@eul.edu.tr</u>