

(office use only)

Student No:

Agency Code:

APPLICATION FORM FOR UNDERGRADUATE AND POST GRADUATE PROGRAMS

All names (first and other) must be filled in exaclty as they appear in your passport.)

1 - Personal Details	2- Family	
Title: Mr / Ms circle as appropriate		
First Name :		
FIRST NAME:		
Middle Name :		_
Surname / Family Name :		ion :
•	Father's Name : _	
Gender: F□/M□ Date of Birth:		
Birthplace :		
Nationality	· · · · · · · · · · · · · · · · · · ·	on:
Nationality :		
Marital Status :		
Passport Number :	Family Address :	
·		
Tel :		
E mail :	3- Emergency Cont	act
Spoken Language (s) :	a. Name :	b. Name :
Spoken Language (3).	a. Name .	b. Name .
Do you have any chronic complaint? ☐ Yes ☐ No (If yes please specify)	Tel:	Tel:
	Relationship	Relationship
Do you have any disability? □ Yes □ No (If yes please specify)	to you :	to you :
Applicant Doumanont Home Address (mandatoss)	E mail :	E mail :
Applicant Permanent Home Address (mandatory) :	Address :	Address :
	Address:	Address :
4- Previously Study		
a. Degrees Please list completed programs. Start with most recent qualification. (If	you have not recieved your award, indicate wl	hen you expect to do so.)
Name of Institution Country of School	Years Attended	Type of Diploma CGPA
b. English Language Qualifications	c. Professional Qualificat (Please attach copies of any l	
Examination Name Year of Exam Results	Professional Body Type	of Membership / Certificate Award Date
IELTS		
TOEFL GCSE (English)		
Other		
4- Work Experience		
Name of Institution	Job Description	Start-End Date
	2	Start End Butt



APPLICATION FORM FOR UNDERGRADUATE AND POST GRADUATE PROGRAMS

6- Proposed Studies	
a. Level of Study Associate Degree (2 year programme) Undergraduate Master PhD	b. Application for admission in which you wish to commence your studies. Fall (September) Spring (February) Summer (July) Year of Entry:
c. Programs (please indicate which programme you wish to persue) Four-Years Programs Faculty of Maritime Studies Department of Marine Transportation and Management (Deck Department of Marine Engineering Faculty of Maritime Management and Administration Department of Maritime Management and Administration Department of Maritime Transportation and Logistics Faculty of Marine Sciences Department of Marine Biology, Ecology and Oceanography Department of Fisheries Technology Faculty of Aviation and Space Sciences Department of Civil Air Transport Logistics Department of Civil Air Transport Management Department of Pilotage d. Type of Admission Direct Transfer	Two-Years Programs Maritime Vocational School (Two-Year Associate Degree Programs) Department of Marine Transportation and Management (Deck) Department of Ship Machinery Department of Maritime Management and Operations Private Pilot Licenses (PPL) Postgraduate Program Maritime Transportation and Management Engineering (master with thesis)
7- Payment of Fees	
a. Who is expected to pay your fees? (tick appropriate) Self / Relative Government or Governmental Agency (please attach a copy of your financial guarantee letter.) Scholarship (please specify) Others (please specify)	b. Contact details of the sponsor Company Name: Company Contact Person: Tel & Email: Company Address:
8- Passport Details	
Citizenship: Passport Numb <u>er:</u> Date of Expir <u>y:</u> Do you hold dual citizenships? (if yes please give details)	Have you ever been in North Cyprus before: Yes No If yes, please state the purpose of visit: Holiday Education (if yes, please give details) Other (if yes, please give details)
9- Agent	
This section must be filled by agent, if this application is made via Agency Code (Given by the University): Name of the Company: Name of the Contact Person:	an agency. Country: Tel & Email: Address:



APPLICATION FORM FOR UNDERGRADUATE AND POST GRADUATE PROGRAMS

Please specify what personal qualities, interests and experience do you have, explain your reasons for wanting to study the course, how you're right for the course and explain your long term plans. (If you hold any certificate, please attach.)
11- Accommodation
a. Type of Accommodation Preferred: University Dorms Private
b. Would you like to benefit from the meal package?
☐ 3 Meals a day ☐ 1 Meal a day (if 1 Meal, please specify) ☐ Lunch ☐ Dinner
☐ 3 Meals a day
□ 3 Meals a day □ 1 Meal a day (if 1 Meal, please specify) □ Lunch □ Dinner 12- Declaration ** I here by apply to University of Kyrenia. I am aware of the standards for academic performance and personal conduct outlined in the General Catalog. While enrolled as a student, I will respect and abide by University of Kyrenia's academic and social expectations. I certify that the information on this form
□ 3 Meals a day □ 1 Meal a day (if 1 Meal, please specify) □ Lunch □ Dinner 12- Declaration ** I here by apply to University of Kyrenia. I am aware of the standards for academic performance and personal conduct outlined in the General Catalog. While enrolled as a student, I will respect and abide by University of Kyrenia's academic and social expectations. I certify that the information on this form is correct and complete. I understand that any mispresentation may be the cause for refusing or revoking admission. Signature of Applicant: □ Date: / / /
□ 3 Meals a day □ 1 Meal a day (if 1 Meal, please specify) □ Lunch □ Dinner 12- Declaration ** I here by apply to University of Kyrenia. I am aware of the standards for academic performance and personal conduct outlined in the General Catalog. While enrolled as a student, I will respect and abide by University of Kyrenia's academic and social expectations. I certify that the information on this form is correct and complete. I understand that any mispresentation may be the cause for refusing or revoking admission.