

CASA COLLEGE



1961

APPLICATION FORM

FOR OFFICIAL USE ONLY

FILE No.: DATE RECEIVED:

APPLICATION TO JOIN CASA COLLEGE APPLICATION TO TRANSFER TO CASA COLLEGE

SEMESTER & YEAR:

FALL 20..... SPRING 20..... SUMMER 20.....

COURSE APPLYING TO

HOTEL ADMINISTRATION BUSINESS ADMINISTRATION ADULT NURSING CRUISE SHIP HOSPITALITY OPERATIONS

PERSONAL INFORMATION

NAME: LAST NAME:

DATE OF BIRTH: GENDER: MALE FEMALE

ADDRESS:

EMAIL:

PHONE No.: PASSPORT No.: EXPIRY DATE:

OCCUPATION:

AGENT'S NAME:

AGENT'S PHONE No.: AGENT'S EMAIL:

ACADEMIC INFORMATION

ENGLISH QUALIFICATION: YES NO

SPECIFY:

HIGH SCHOOL NAME:

YEAR GRADUATED:

FINAL MARK: (PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPTS)

COLLEGE / UNIVERSITY NAME (if applicable) :

YEAR GRADUATED:

COURSE ATTENDED:

FINAL MARK: (PLEASE ATTACH A COPY OF YOUR COLLEGE/UNIVERSITY TRANSCRIPTS)

CHECKLIST

(The following documents are attached.)

PASSPORT COPY POLICE CERTIFICATE MEDICAL CERTIFICATE

100€ APPLICATION FEE HIGH SCHOOL TRANSCRIPT COLLEGE/UNIV. TRANSCRIPT

IF YOU HAVE A DISABILITY WHICH WE MAY BE ABLE TO HELP YOU WITH OR REQUIRE EXTRA SUPPORT, PLEASE TICK THIS BOX.

IF YES, PLEASE SPECIFY:

DECLARATION

I DECLARE THAT THE ABOVE INFORMATION IS TRUE. THIS INFORMATION IS GIVEN TO AND APPROVED BY THE IMMIGRATION DEPARTMENT OF CYPRUS AND MINISTRY OF EDUCATION. I UNDERSTAND THAT ANY FALSE INFORMATION SUBMITTED IN SUPPORT OF MY APPLICATION IS CONSIDERED A CRIME AND MAY RESULT IN THE WITHDRAWAL OF MY APPLICATION.

.....
APPLICANT'S SIGNATURE

.....
DATE

I CONSENT TO HAVING CASA COLLEGE COLLECT MY DETAILS VIA THIS FORM

PLEASE CHECK OUR PRIVACY POLICY ON OUR WEBSITE WWW.CASACOLLEGE.AC.CY TO SEE HOW WE PROTECT AND MANAGE YOUR SUBMITTED INFORMATION.