

APPLICATION TO STUDY AT



Attach
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here

as an ERASMUS STUDENT, Academic Year 2018-2019

YOUR PERSONAL DETAILS

Family Name _____	First Name _____
Date of Birth _____	Sex (please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>
Place of Birth _____	Nationality _____
Current Address _____ _____ _____	Permanent Address _____ _____ _____
Address valid until _____	Telephone _____
Telephone _____	Fax _____
Fax _____	e-mail _____
e-mail _____	Mobile phone _____
Mobile phone _____	Passport number _____
	Date of Issue _____ Date of Expiry _____

YOUR HOME INSTITUTION

Institution name _____	Erasmus Code _____
Contact person _____	
Contact address _____ _____	
Contact tel _____	Contact fax _____
Contact email _____	
Your degree course _____	Signature _____
	Date _____

YOUR STUDIES AT INTERCOLLEGE

Fall semester 2010 Spring semester 2011

Application Deadlines – Fall 2018: May 31st, 2018 Spring 2019: October 30th, 2018

INFORMATION FOR EMERGENCIES

This information is confidential and will be used only in emergencies

A. Your health

Blood group _____

Do you have any illnesses? (for example asthma, hay fever, epilepsy) Yes No

If yes, please give details _____

Do you take medication? Yes No

If yes, please give details Medication Purpose of Medication How much/how often

Do you have any disabilities (for example dyslexia, partial sight, deafness, mental problems, diabetes, mobility difficulties)

Yes No

If yes, please give details _____

B. Whom to contact in case of emergency

Name _____

Relationship to you _____

Home Address _____

Home telephone _____ Work telephone _____

Home fax _____ Home email _____

Mobile Phone _____

SEND YOUR COMPLETED APPLICATION TO:

Erasmus Office
INTERCOLLEGE- LIMASSOL
92 Ayias Phylaxeos Street
P.O.Box 51604
3507 Limassol
Cyprus
Tel: + 357 25 381180 / Fax: + 357 25 386982 Email: erasmus@lim.intercollege.ac.cy

Your application should include

This Application Form Learning Agreement Transcript of Records

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