



APPLICATION TO STUDY AT INTERCOLLEGE

as an ERASMUS STUDENT, Academic Year _____

Attach
Photograph
here

YOUR PERSONAL DETAILS

Family Name _____

Date of Birth _____

Place of Birth _____

Current Address _____

Address valid until _____

Telephone _____

Fax _____

e-mail _____

Mobile phone _____

First Name _____

Sex (please tick) Male ☐ Female ☐

Nationality _____

Permanent Address _____

Telephone _____

Fax _____

e-mail _____

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 _____

Signature _____ Date _____

YOUR STUDIES AT INTERCOLLEGE

Fall semester 20__ ☐ Spring semester 20__ ☐

Erasmus Coordinator's Name _____

Erasmus Coordinator's Signature _____ Date: _____

Application Deadlines – For Fall Semester: June 30, For Spring Semester: November 30

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. Emergency Contacts

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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