

Cyl Application for Research Assistantship

1. Full legal name:

Last

First

Middle

2. Former name (if any):

3. Date of Birth:

Month, day, year

4. Female

Male

5. Nationality (required for work permit)

EU (Cypriot)

EU (non-Cypriot)

Other

6. Address:

number

street

city

province

country

zip or postal code

7. Permanent address if different from above:

number

street

city

province

country

zip or postal code

8. Daytime phone:

9. Evening:

10. Mobile:

11. Center for which you are applying:

Area of research:

12. Are you applying to more than one Center?

Yes

No

If yes, indicate other Center: _____

13. Have you previously applied for a Cyl Research Assistantship?

Yes

No

14. List all research positions previously held:

College/ University/ Company

Location

Research
Area

Position

Dates

College/ University/ Company

Location

Research
Area

Position

Dates

College/ University/ Company

Location

Research
Area

Position

Dates

15. Names of the research supervisors in your previous research positions who will provide a recommendation directly to Cyl. *Applicants must request these persons to provide a letter of recommendation on official letterhead addressed to: The Office of Graduate Studies, The Cyprus Institute, P.O. Box 27456, 1645 Lefkosia, Cyprus.*

| Name | Title | Institution/company |
|------|-------|---------------------|
|------|-------|---------------------|

| Name | Title | Institution/company |
|------|-------|---------------------|
|------|-------|---------------------|

| Name | Title | Institution/company |
|------|-------|---------------------|
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16. Your honors, prizes, or major publications
(attach separate page if necessary)

17. Other external funding (fellowships/scholarships/grants) for which you have applied and answer is pending
(attach separate page if necessary)

18. External funds (fellowships/scholarships/grants) secured
(attach separate page if necessary)

| 1. Source | Amount | From | To |
|-----------|--------|------|----|
|-----------|--------|------|----|

| 2. Source | Amount | From | To |
|-----------|--------|------|----|
|-----------|--------|------|----|

Signature: _____

Date: _____

For Center's use:

Approved Three-month RA Nine-month RA Twelve-month RA From: _____ To: _____

Denied

Conditions: _____

Budgetary unit providing Assistantship: _____

Name: _____ Signature: _____ Date: _____