

To be completed by all applicants

Cyl Application for Graduate Admission

Please read instructions carefully before you complete this form. Please print clearly or type.

1. Proposed date of entrance: February June September Year: _____

2. Center: _____ Area of research or interdisciplinary program: _____

3. Initial degree objective: _____

4. Are you applying to more than one Center? Yes No If yes, indicate Centers: _____

5. Full legal name: _____
Last *First* *Middle*

Former name (if any): _____ 6. Date of Birth: _____
Month, day, year

7. Female Male

8. Nationality (optional) Cypriot EU Other

9. Address: _____
number street *city*

province *country* *zip or postal code*

10. Permanent address: _____
number street *city*

province *country* *zip or postal code*

11. Daytime phone: _____ Evening phone: _____

12. Fax number: _____ E-mail Address: _____

13. Have you previously applied for admission to Cyl? Yes No

14. List all colleges and universities attended, major field, dates of attendance and name of degrees received or expected (list most recent first) :

College/ University	Location	Major field	Dates attended	Actual name of degree	Date degree awarded

15. Other graduate schools to which you are applying: _____

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16. Entrance tests (if applicable):

GRE: Date taken or to be taken _____ Scores: verbal _____ quantitative _____ writing _____

GRE: Subject: Date taken or to be taken _____ Scores: _____ Subject: _____

GMAT: Date taken or to be taken _____ Scores: _____

TOEFL: Date taken or to be taken _____ Scores: _____

IELTS: Date taken or to be taken _____ Scores: _____

17. List language of instruction in: Secondary school: _____

University: _____ Graduate school: _____ Native language if other than English: _____

18. Names of three persons who can provide recommendation directly to Cyl (*Request these persons to provide a letter of recommendation on their official letterhead*)

name	title	Institution/company

name	title	Institution/company

name	title	Institution/company

19. Your honors, prizes, or major publications: _____

20. Your educational activities and accomplishments in the proposed field of study: _____

21. Your teaching or professional experience including summer and part-time work in the proposed field of study. Provide name of employer, dates, and nature of work(attach CV if necessary): _____

Signature: _____ Date: _____

For Center's use:

<input type="checkbox"/> Admitted	<input type="checkbox"/> Cond. Admitted	Degree _____	Term _____	By _____	Date _____	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Admitted	<input type="checkbox"/> Cond. Admitted	Degree _____	Term _____	By _____	Date _____	<input type="checkbox"/> Not Approved