

APPLICATION FORM FOR UNDERGRADUATE AND POST GRADUATE PROGRAMS

All names (first and other) must be filled in exactly as they appear in your passport.)

1 - Personal Details

Title: Mr / Ms circle as appropriate

First Name : _____

Middle Name : _____

Surname / Family Name : _____

Gender : F ☐ / M ☐ **Date of Birth :** _____

Birth Place : _____

Nationality : _____

Marital Status : _____

Passport Number : _____

Tel : _____

E mail : _____

Spoken Language (s) : _____

Do you have any chronic complaint? ☐ Yes ☐ No
(If yes please specify)

Do you have any disability? ☐ Yes ☐ No
(If yes please specify)

Applicant's Permanent Home Address (mandatory) :

2- Family Details

Mother's Name : _____

Mother's Tel : _____

Mother's Occupation : _____

Father's Name : _____

Father's Tel : _____

Father's Occupation : _____

Home Tel : _____

Family Address :

3- Emergency Contact

a. Name :	b. Name :
Tel :	Tel :
Relationship to you :	Relationship to you :
E mail :	E mail :
Address :	Address :

4- Previous Studies

a. Degrees

Please list completed programs. Start with most recent qualification. (If you have not received your award, indicate when you expect to do so.)

Name of Institution	Country of School	Years Attended	Type of Degree	CGPA

b. English Language Qualifications

Examination Name	Year of Exam	Results
IELTS		
TOEFL		
GCSE (English)		
Other		

c. Professional Qualifications / Certificates

(Please attach copies of any relevant documents).

Professional Body	Type of Membership / Certificate	Award Date

5- Work Experience

Name of Institution	Job Description	Start-End Date

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6- Proposed Studies

a. Application for admission in which you wish to commence your studies.

Fall (September) ☐ Spring (February) ☐ Summer ☐ English Prep-School ☐ Turkish Prep-School ☐

Year of Entry: _____

b. Type of Admission

Direct ☐ Transfer ☐

c. Programs (please indicate which programme you wish to pursue)

* Medium of Instruction is Turkish

UNDERGRADUATE PROGRAMS

Maritime Studies

- ☐ Maritime Transportation Management Engineering
☐ Marine Engineering

Maritime Management

- ☐ Maritime Management
☐ Maritime Transportation and Logistics

Marine Sciences

- ☐ Fisheries Technology Engineering

Aviation and Space Sciences

- ☐ Professional Pilot Training
☐ Aeronautical Engineering
☐ Aviation Management

Education Faculty *

- ☐ Psychological Counselling and Guidance
☐ Special Education Teaching

Law *

- ☐ Law

Economics and Administrative Sciences

- ☐ Banking and Finance
☐ Business Administration
☐ International Relations
☐ Tourism and Hotel Management
☐ Public Administration

Architecture *

- ☐ Architecture
☐ Interior Architecture

Engineering

- ☐ Computer Engineering
☐ Electrical and Electronic Engineering
☐ Civil Engineering
☐ Mechanical Engineering

Health Sciences *

- ☐ Physiotherapy and Rehabilitation
☐ Nursing

Medicine *

- ☐ Medicine

VOCATIONAL SCHOOLS

Maritime Studies

- ☐ Marine Transportation and Management
☐ Maritime Management and Operations
☐ Ship Machinery

Health Services *

- ☐ Physiotherapy
☐ Emergency and First Aid
☐ Medical Laboratory Technician
☐ Mouth and Dental Health
☐ Anesthesia
☐ Medical Documentation and Secretarial

GRADUATE SCHOOL

Applied Science

- ☐ Maritime Transportation Management Engineering (master with thesis)

7- Payment of Fees

a. Who is expected to pay your fees? (tick appropriate)

- ☐ Self / Relative
☐ Government or Governmental Agency
 (please attach a copy of your financial guarantee letter.)
☐ Scholarship (please specify) _____
☐ Others (please specify) _____

b. Contact details of the sponsor

Company Name: _____

Company Contact Person: _____

Tel & Email: _____

Company Address: _____

8- Passport Details

Citizenship: _____

Have you ever been in North Cyprus before: ☐ Yes ☐ No

Passport Number: _____

If yes, please state the purpose of visit:

Date of Expiry: _____

☐ Holiday

☐ Education (if yes, please give details)

Do you hold dual citizenships? (if yes please give details)

☐ Other (if yes, please give details)

9- Agent

This section must be filled by agent, if this application is made via an agency.

Agency Code (Given by the University): _____ Country: _____

Name of the Company: _____ Tel & Email: _____

Name of the Contact Person: _____ Address: _____

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10- Personal Statement (Continue on a separate sheet if required)

Please specify what personal qualities, interests and experience you have, explain your reasons for wanting to study the course, how you're right for the course and explain your long term plans. (If you hold any certificate, please attach.)

11- Accommodation

a. Type of Accommodation Preferred: ☐ University Dorms ☐ Private

b. Would you like to benefit from the economic packages? ☐ Yes (if yes, please choose one option) ☐ No

Annual Tuition Fee, Three Meals a Day, Electricity, Water and Cleaning charges are included.

Department	Total Package Fee Standard Dormitories			Total Package Fee Economic Dormitories	
	Single Rooms	Double Rooms	Quadruple Rooms	Double Rooms	Quadruple Rooms
PILOTAGE	-	-	-	-	-
AERONAUTICAL ENGINEERING	Y € 8,150 <input type="checkbox"/> S € 4,485 <input type="checkbox"/>	Y € 7,350 <input type="checkbox"/> S € 4,045 <input type="checkbox"/>	Y € 6,700 <input type="checkbox"/> S € 3,685 <input type="checkbox"/>	Y € 7,700 <input type="checkbox"/> S € 4,235 <input type="checkbox"/>	Y € 5,700 <input type="checkbox"/> S € 3,135 <input type="checkbox"/>
MEDICINE	Y € 17,250 <input type="checkbox"/> S € 9,490 <input type="checkbox"/>	Y € 16,450 <input type="checkbox"/> S € 9,050 <input type="checkbox"/>	Y € 15,800 <input type="checkbox"/> S € 8,690 <input type="checkbox"/>	Y € 16,800 <input type="checkbox"/> S € 9,240 <input type="checkbox"/>	Y € 14,800 <input type="checkbox"/> S € 8,140 <input type="checkbox"/>
ALL OTHER DEPARTMENTS	Y € 7,050 <input type="checkbox"/> S € 3,880 <input type="checkbox"/>	Y € 6,250 <input type="checkbox"/> S € 3,440 <input type="checkbox"/>	Y € 5,600 <input type="checkbox"/> S € 3,080 <input type="checkbox"/>	Y € 6,800 <input type="checkbox"/> S € 3,740 <input type="checkbox"/>	Y € 4,800 <input type="checkbox"/> S € 2,640 <input type="checkbox"/>

* Y : Year S : Semester

12- Declaration

** I hereby apply to University of Kyrenia. I am aware of the standards for academic performance and personal conduct outlined in the General Catalog. While enrolled as a student, I will respect and abide by University of Kyrenia's academic and social expectations. I certify that the information on this form is correct and complete. I understand that any misrepresentation may be the cause for refusing or revoking admission.

Signature of Applicant: _____

Date: ____ / ____ / ____

The following should be submitted to the International Students Office together with your application.

- *1- Original copy of the Diploma
- 2- 6 Passport sized photograph
- 3- Photocopy of the passport
- *4- A reference letter from the school you last attended
- 5- Copy of English Language qualification -if taken-
- *6- For transfer students, copy academic transcript
- 7- Project or thesis proposal (For PhD applicants only)
- 8- Maritime Health Report (Seaman Health Convenience Report)
- 9- Aviation Health Report (Class 1 Health Report)
- 10- Clearance Document
- 11- Papi Test for Professional Pilot Training

web.shgm.gov.tr/documents/sivilhavacilik/files/pdf/havacilik_isletmeleri/saglik_kuruluslari.Pdf

The general health check-up report must be obtained and provided to the University of Kyrenia Admission Office during the admission process before arrival to the island.

*Note: English translations of these documents are necessary if they are in any foreign language. In order to complete your registration, you need to submit all relevant original documents upon arrival.