



Application for Visiting Study

Application for Visiting Study



Application for undergraduate courses.

Use this application form to apply as a Visiting Student for any undergraduate course. All sections should be filled in by the applicant.

Please return the completed form to:

CITY College, University of York Europe Campus
Admissions Office
24, Proxenou Koromila st. 546 22,
Thessaloniki Greece
Email: admissions@york.citycollege.eu

SECTION A: Personal Details

It is important that you provide these details as they are shown on your ID Card/Passport.

1.	Surname/ Family name:	
	First name(s):	
2.	Father name	
	Mother name	
3.	Title (Mr/Ms/Mrs/Dr):	
4.	Date of Birth:	
5.	Place of Birth;	
6.	Gender:	
7.	Nationality:	
8.	Passport No.:	
	<i>Date of issue:</i>	
	<i>Valid until:</i>	
	<i>Issued by:</i>	

SECTION C: Home Institute & Current Studies

11.	Name of the Institute:	
	City/Country:	
12.	Name of current degree (include the level):	
	Commenced:	
	Current year of studies:	
	Average score/grade:	
	Expected year of graduation:	

SECTION B: Contact Details

We will use the correspondence address for all correspondence unless the applicant declares differently.

9.	Correspondence Address:	
	Post Code:	
	Tel. no.:	
	Mobile phone no.:	
	Fax no.:	
	E-mail:	
10.	Permanent Address:	
	Post Code:	
	Tel. no.:	
	Mobile phone no.:	
	Fax no.:	
	E-mail:	

SECTION D: Proposed course of study

13.	Course of study to attend:	
	Period of attendance: (Full academic year/ Fall semester/ Spring semester)	
	Proposed start date:	

SECTION E: Fees and Funding details

14.	Who will fund your studies?	
	Parents <input type="checkbox"/>	Scholarship <input type="checkbox"/>
	Self-funded <input type="checkbox"/>	Company <input type="checkbox"/>
	Other (please specify) <input type="text"/>	
15.	Is this funding proposed or definite?	
	Definite <input type="checkbox"/>	Proposed <input type="checkbox"/>

SECTION F: English language details

This information will be used to determine whether you already meet the minimum English language requirements or whether you will need to take an additional English language test.

16.	Are you a native speaker?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you are a native speaker you are not obliged to fill in this section.

17.	Was your previous studies undertaken in English?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

18.	If No, please state the language in which you were educated:	
19.	Please state your native language:	

20.	Please list any English language qualification(s) you possess:	
	Qualification:	
	Awarding Body:	
	Overall score:	
	Date of Award:	

Please give details of Certificates to be acquired or which you are waiting results:

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SECTION G: Employment details

Please provide details of your last employment (if any):

21.	Company (employer):	
	Position held (Department):	
	Employment duration (from-to):	
	Professional experience (total number of years):	

SECTION H: Emergency Contact details

Please declare the full information of any person that we may contact in case of an emergency.

22.	Surname/ Family name:	
	First name(s):	
	Relationship:	
	Correspondence Address (include post code):	
	Tel. no.:	
	Mobile phone no.:	
	Fax no.:	
	E-mail:	

SECTION I: Additional support needs

23. Please indicate below any disability as well as any related support needs (if any).

- You do not have a disability nor are you aware of any additional support requirements
- You have dyslexia
- You are blind/partially sighted
- You are deaf/have a hearing impairment
- You are a wheelchair user/have mobility difficulties
- You need personal care support
- You have mental health difficulties
- You have an unseen disability (e.g. diabetes, epilepsy, asthma)
- You have two or more of the above disabilities/special needs
- You have a disability no listed above
- You have Autistic Spectrum Disorder (e.g. Asperger's Syndrome)

24.	If you have a disability, do you have any related support needs?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

25.	If Yes, please give brief details of your disability and any related support needs:

SECTION J: Marketing Information

27. It would be helpful to indicate where you heard about CITY College by ticking the appropriate box:

Advertisement	<input type="checkbox"/>	(please specify)
Educational Fair	<input type="checkbox"/>	(please specify)
Internet search	<input type="checkbox"/>	(please specify)
Personal recommendation (friends/alumni/other)	<input type="checkbox"/>	(please specify)
I am a CITY College alumnus	<input type="checkbox"/>	
Other	<input type="checkbox"/>	(please specify)

SECTION K: Statement in Support of Application

28. Please give further information in support of your application to register as an exchange student. Please include the reasons for your choice of the specific course at CITY College and how you believe this will contribute in your interests.

SECTION L: Declaration

29. All decisions by CITY College, University of York Europe Campus are made in good faith on the basis of the information you provide in your application form. If we discover that you have made a false statement or have failed to provide significant and relevant information, we are entitled to withdraw or amend the offer, according to the circumstances. You may even be required to withdraw from the course if you have already started it. In accordance with General Data Protection Regulation (GDPR), the information contained in this application will be used for the purpose of processing your application and, if you are admitted, will form the basis of your student record.

I confirm to the best of my knowledge that the information I have provided in this application is complete and accurate. I understand that any offer of admission as a study abroad student that I may receive will be based upon the information given in this form, and that if I am found to have given false information, the offer may be withdrawn.

I understand that the information supplied on this form will be retained by the University of York Europe Campus and will be used for the purpose of processing my application and collecting feedback on the admissions process. In addition, application data may be used for research purposes to better understand general recruitment and admissions administration including the analysis of applicant numbers and trends to improve the student experience and for strategic planning purposes. Data will not be used in a way that identifies any individual and will be managed in accordance with the General Data Protection Regulation (GDPR). In the event that my application is successful, I understand that the information will form part of my student record. If admitted to the University, I agree to abide by the Regulations of CITY College being in force at the moment.

I authorise the college to use photographs taken from social or other college activities, in which I might appear, for promotional purposes Yes ___ No ___

Signed: _____ Date: ____ / ____ / _____