



Please use one Application only

APPLICATION FOR ADMISSION

Please complete and send this application with supporting documents by email to the Registrar

Email address: **BALLSBRIDGECYPRUS@LMCEDUSERVICES.COM**

ADMITTED Yes <input type="checkbox"/> No <input type="checkbox"/>	1 RECENT COLORED PHOTOGRAPHS
ACADEMIC YEAR BEGINNING ON _____ // / _____	
FOR BU USE ONLY	REGISTRAR

Please make sure to fill the form completely. Type your information and email it to the registrar

This document is a form of application only. The University reserves the right to refuse admission to any candidate. False or misleading information given on this form or academic credentials will result in rejection of the application or consequence expulsion without refund of fees

PERSONAL DETAILS:

First Name _____ Surname _____

Home (Permanent) Address _____ Address for _____
Correspondence _____
(if different) _____

Telephone No. _____ Telephone No. _____

Fax: No.: _____ Email Address: _____

Date of Birth (Month/Day/Year) _____ Married Single Male Female

Nationality: _____ Native Language: _____

Present Occupation/Position: _____

BALLSBRIDGE UNIVERSITY - BALLSBRIDGE CYPRUS CENTRE

Qualification Aimed for PhD DBA HIGHER DIPLOMA DIPLOMA BSc/BA
 MSc MBA POSTDOC DOCTORATE APEL
 Other Certificate Honorary doctorate Qualifi Diploma

Subjects/ Specialisation:

Level

(Proposed starting date) September January May July Year 20__

Full Time Part Time Duration

Financial Arrangements: How do you expect to pay for your studies?

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QUALIFICATIONS: ACADEMIC QUALIFICATIONS

Note: All applicants **must** provide proof of their qualifications

All applicants must enclose a transcript of their academic record, giving their marks or grades in each year of their program of study.

S. No.	Qualification with Grades	Subjects	College/ University (City, Country)	from	to	Date Awarded

Other Qualifications (please specify nature, subject, awarding body and date awarded)

Professional Experience – Please attach your CV with your application form

English Language Requirement

All candidates whose native language is not English must satisfy BU English language requirement.
Please give below your English language qualification or evidence of your proficiency in English.

Referees: Give the names, titles, and full address of **two referees** who can inform the university of your academic ability, your character and your capacity for advanced study.

- 1 _____ 2. _____

ADDITIONAL RELEVANT INFORMATION (please give any information you feel is relevant to your course study)

How did you come to know about Ballsbridge Cyprus – Centre of Ballsbridge University? _____

Signature of Applicant: _____ Date: ___ / ___ / ___
