

Please print this application form and complete in black ink

1. Personal Details

Title: Mr/Ms/Miss/Mrs: _____
Surname/Family Name: _____
First Name (s): _____
Father's Name: _____ Mother's Name: _____
Correspondence Address: _____ _____ _____
Post code : _____
Telephone Number (daytime): 0030 _____
Telephone Number (evening): 0030 _____
Mobile: 0030 _____
Email address: _____
Next of Kin (κηδεμόνας): _____ Telephone Number: 0030 _____
Home Address (if different): _____ _____ _____
Post code : _____
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: Day: ____ Month: ____ Year: ____
Place of Birth: _____
Do you have a Disability/Special Need? If YES please describe: _____
Nationality (as on Passport): _____

2. Course to which you are applying

Foundation Programme	
Engineering/Science/Computing	<input type="checkbox"/>
Business/Economics/Computing	<input type="checkbox"/>
Biology/Medicine/Paramedical	<input type="checkbox"/>
Architecture/Design/Art	<input type="checkbox"/>
Humanities (<i>Law, Literature, Psychology</i>)	<input type="checkbox"/>
Custom course (specify subjects)	<input type="checkbox"/>
Intensive Summer Programme	<input type="checkbox"/>
Parallel Foundation Programme	<input type="checkbox"/>
GCE A/AS Level	<input type="checkbox"/>
Site: Athens <input type="checkbox"/> _____ Kifissia <input type="checkbox"/> _____	
Month and year you wish to commence- Month: Oct Feb Jun Year: 2012 2013	

3. University and Degree Course

If you have a preferred degree course and a University where you wish to study in the UK please state: Degree Course: _____ _____ University/ies : _____ _____
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4. Source

How did you find out about Foundation College? _____
Decision by Admissions Office This Section is for OFFICE USE ONLY – DO not complete
Date Received: _____
Course Code: _____ Year: _____
Decision

5. Educational Qualification – Please state most recent first. Please attach copies of transcripts

School, College or University (Name & Address)	Degree, Diploma, Certificate	Subject(s)	Pass Or Fail	GRADES Or CLASS	DATE AWARDED

6. English Language Qualification

Please specify the highest English Language Qualification that you have and the year it was obtained

7. Employment – complete only if applicable

Employer's Name & Address	From Month &Year	From Month &Year	Position Held	Full-time Or Part-time	Brief Outline of Duties

8. Other Relevant Information

Write any other information that you consider relevant to your application.

9. Name and Address of Referee (s)

Indicate below one or two referees who can provide information for you. Choose someone who knows you well from your most recent place of study or from your employment.

REFEREE 1	REFEREE 2 (<i>optional</i>)
Name: _____	Name: _____
Post Held: _____	Post Held: _____
Telephone No: _____	Telephone No: _____
e-mail: _____	e-mail: _____

10. Declaration

I confirm that the information given on this form is correct and complete and that I have completed all sections myself.

Signature: _____

Date: ____ / ____ / 201__

Please return either by post to: Foundation College, 43 Mitropoleos Street, 10556 Athens, Greece.
or by fax to: 30210-5243600, or by email to: admin@fcollege.gr