



CYPRUS  
INTERNATIONAL  
INSTITUTE OF  
MANAGEMENT

**SUMMER SCHOOL FOR YOUNG PEOPLE  
APPLICATION FORM**

**2 – 14 July 2018**

Attach  
photo

Week/s Attending :  2 – 6/7  9 – 14/7

Surname \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ Identity card no. \_\_\_\_\_

Place of birth \_\_\_\_\_ Nationality \_\_\_\_\_ Country of residence \_\_\_\_\_

Name of sponsor/parent \_\_\_\_\_

Which school are you coming from?

Public School \_\_\_\_\_ Year of study

Private School \_\_\_\_\_ Year of study

Other. Please specify \_\_\_\_\_

Permanent address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address (*if different than permanent*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's contact details:**

Tel. \_\_\_\_\_ Mob. \_\_\_\_\_

Email address \_\_\_\_\_

**Parent to contact in case of emergency:**

Tel. \_\_\_\_\_ Mob. \_\_\_\_\_

Fax. \_\_\_\_\_

Email address \_\_\_\_\_

**For international applicants only**

Passport no. \_\_\_\_\_

Country of issue \_\_\_\_\_

Date of issue \_\_\_\_\_

Date of expiry \_\_\_\_\_

What is your level of English now? Listening: \_\_\_\_\_ Reading: \_\_\_\_\_ Writing: \_\_\_\_\_ Speaking: \_\_\_\_\_  
( 5= Very Good 4 = Good 3 = Average 2 = Below average 1 = Basic)

1. Will you attend the Summer School for Young People offered in: GREEK  ENGLISH (subject to registrations)

2. What do you hope to gain from the course? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please indicate how you found out about the Summer School for Young People:

- internet  word of mouth (please specify) \_\_\_\_\_  
 school advertisements  other (please specify) \_\_\_\_\_  
 CIIM Website

I understand that:

- Submission of an application form does not guarantee a place on the Summer School.
- I must start the course on the first day I signed up for, and must give notice in writing if I wish to cancel my participation or withdraw from the programme. In case of cancellation prior to the commencement of the programme, CIIM will refund the fees less a 30% cancellation fee.
- **No fees will be refunded after the commencement of the Summer School.**

Signature of applicant: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return the completed form to CIIM by:**

**Fax: +357 22331121**

**Email: [theodora@ciim.ac.cy](mailto:theodora@ciim.ac.cy)**

**mail:** Cyprus International Institute of Management  
Admissions  
PO Box 20378  
2151 Aglandjia Nicosia Cyprus

**For any further information or assistance, please contact:**

Theodora Petasi

[theodora@ciim.ac.cy](mailto:theodora@ciim.ac.cy)

Tel.: +357 22462218

**Payment**

Payment should be made upon receipt of confirmation for admission to the Summer School.

**Payments can be made by:**

- Cheque (made payable to CIIM)
- Bank Transfer to following bank accounts:
  1. BANK OF CYPRUS a/c no: 0113-01-037963
  2. HELLENIC BANK a/c no: 121-01-027188-01