

APPLICATION FOR ADMISSION	
PREFERRED PROGRAMME	
MASTER IN BUSINESS ADMINISTRATION (MBA)	7
MASTER IN PUBLIC SECTOR MANAGEMENT (MPSM)	
MSc IN HUMAN RESOURCE MANAGEMENT & ORGANISATIONAL BEHAVIOR	
☐MSc IN FINANCIAL SERVICES	
☐MSc IN GREEN & DIGITAL MANAGEMENT	
☐MSc IN BUSINESS INTELLIGENCE & DATA ANALYTICS	
□MSc ΕΚΠΑΙΔΕΎΣΗ, ΗΓΕΣΊΑ ΚΑΙ ΔΙΟΙΚΉΣΗ	
MSc IN COMPUTER SCIENCE & BUSINESS TECHNOLOGIES	
MSc IN SHIPPING OPERATIONS & MANAGEMENT	
PROPOSED DATE FULL- TIME PART-TIME	
PROPOSED DATE FULL- TIME PART-TIME	
CAMPUS OF PREFERENCE Nicosia Limassol	
PERSONAL DETAILS	
SURNAME / FAMILY NAME GENDER	
FIRST NAME DATE OF BIRTH DD/MM/YY	\dashv
ID NO	\dashv
MIDDLE / FATHER'S NAME (Local applicants Only)	
NATIONALITY	
COUNTRY OF BIRTH	
HOME TEL NO (Including International Code) WORK TEL NO (Including International Code) (Including International Code) PASSPORT NO	
MOBILE NO COUNTRY OF ISSUE	
(Including International Code)	
FAX NO DATE OF ISSUE DATE OF EXPIRY	
(Including International Code)	
EMAIL ADDRESS	
Mailing Address Permanent Address	
FOR OFFICE USE ONLY	
ADMISSION NO: REGISTRATION NO	
FEES RECEIVED: APPLICATION FEE REGISTRATION FEE	
INTERVIEW DATE TIME STATUS ADMITTED REJECTED [
VISA PROCEDURE (International students only) ME IM APPROVED REJECTED [
SCHOLARSHIP NO YES AMOUNT € TYPE	
APPLICANT : ACCEPTED ADMISSION: DECLINED ADMISSION : DEFFERRED ADMISSION TO:	

EDUCATIONAL RECOR	RDS								
Please list in chronologica	· · · · · · · · · · · · · · · · · · ·	=		_		· ·	ntary	evidence r	nust be
attached for all studies). T	his section must be	complet	ed even if y	ou attach	a separate	CV.			
		[Date	9			Class, Grad		
Hairranita /Callana	College				<u>,</u>	4-:	or Grade		Language
University/College	(City/Country)	From	То	Awarde	arded	Major	point		of Instruction
							Α١	verage	IIIStruction
PROFESSIONAL QUAL	IFICATIONS								
Please include copies of co	ertificate. This Section	on must	be complete	ed even if	you attache	ed a separate (CV. Co	ontinue on	a separate
page if necessary.					•	•			·
Awarding Rody	Qualificatio	n	Aroa of	f Studies	Average Grade if		A.4.6	Award date	
Awarding Body	Qualificatio	11	Alea O	studies		relevant		Awa	aru uate
ENGLISH LANGUAGE	INFORMATION								
If English is not your first I	anguage. Please giv	e details	of English t	ests passe	d. If any (F.	g. TOFFL. GCF.	IFLTS	5)	
Documentary evidence m			og		, (B 0 = . = , 0 0 = ,		-,	
TEST TAK			DD/N	/M/YY			SCC	DRE/GRAD	Ε
GMAT (Our GMAT institu	ution code is 0255)								
Have you taken the GMAT	(Graduate Manage	ement Ac	lmission tes	t)?		,	YES		NO
					/-		1		
If YES, (Please enclose	e a copy of your	score r	eport)		DD/N	лм/үү		SC	ORE
WORK EXPERIENCE									
Are you currently em	ploved					,	YES		NO 🗌
	•	g vour	studies?				YES	Ħ	NO 🗍
•	If YES, will you continue to work during your studies? YES NO Give details of your post graduation work experience (Part-time work should not be included) with most recent first, including								
military service. Recent C\			,			,			, , , , , , , , , , , , , , , , , , ,
Dates						Desition /Des		: : : :	
From To	Comp	pany/Lo	cation		Position/Responsibilities				
Total Work Experience	ce (Including curren	t ,Past E	mployment	& Military	Service):	rears		Montl	hs

GENERAL INFORMATION (Pleas	e continue on a separate page if necessary)	
	words) describing your unique attribut	es as a candidate for admission and
future aspirations.		
REFERENCES		
	ails of two referees. They cannot be your relat	rives or family friends. Please enclose a
recommendation letter from each of		ives of failing friends. Flease efficiose a
	DECEDEE 1	DEEEDEE 2
FIRST NAME	REFEREE 1	REFEREE 2
FIRST NAME SURNAME	REFEREE 1	REFEREE 2
	REFEREE 1	REFEREE 2
SURNAME	REFEREE 1	REFEREE 2
SURNAME EMAIL ADDRESS:	REFEREE 1	REFEREE 2
SURNAME EMAIL ADDRESS: CONTACT NUMBER:	REFEREE 1	REFEREE 2
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SURNAME EMAIL ADDRESS: CONTACT NUMBER: FAX: FINANCIAL DETAILS		REFEREE 2
SURNAME EMAIL ADDRESS: CONTACT NUMBER: FAX:	ies? (Please tick appropriate box)	REFEREE 2
SURNAME EMAIL ADDRESS: CONTACT NUMBER: FAX: FINANCIAL DETAILS How will you finance your Stud Self Parel	ies? (Please tick appropriate box)	
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SURNAME EMAIL ADDRESS: CONTACT NUMBER: FAX: FINANCIAL DETAILS How will you finance your Stud Self Parel Sponsorship by	ies? (Please tick appropriate box) nts Bank Loan	(sponsor's name & contact details)

APPLICATION INFORMATION Please indicate how you found out about the postgraduate programme for which you are applying. **CIIM Student or Graduate** Name of student or graduate Websites or links Education fair / Event (Name of Education Fair or Event, location, date) Advertisements (Please Specify) Other (Please Specify) List Other Universities to which you have applied SPECIAL SUPPORT OR ASSISTANCE Do you have any disabilities, health issues or other condition that may require special consideration? □NO ☐ YES If the answer is yes, please request from the admissions office the "Students Health History" Form **DECLARATION** I confirm that the information given on this is correct and complete and, should I be admitted and enrolled at CIIM. I Undertake the obligation to abide by the rules and regulations of CIIM and to do my utmost to excel in my studies. Signature of Applicant Date CIIM is committed to administering all information provided as strictly confidential **PLEASE RETURN TO IMPORTANT NOTE** This application cannot be processed unless CIIM NICOSIA Admissions Office, 21 Glafkou Kleride (Akademias) accompanied by: Avenue P.O.Box 20378, Nicosia 2151, Cyprus 1. Application fee of Euro 50 Tel: +357 22462246 Fax: +357 22331121 2. High School leaving certificate Email: admissions@ciim.ac.cy 3. Certified copies of academic documents 4. (University Degrees & Transcripts of grades) 5. Certificates of professional qualifications **CIIM LIMASSOL** 6. Curriculum Vitae 3 Haidariou Street, Limassol 3020 7. Two letters of recommendation Tel: +357 25878782 Fax: +357 25871092 8. Attached passport size photograph 9. Evidence of knowledge of English Email: limassol.admissions@ciim.ac.cy