



**Theological School of the Church of Cyprus**

1-7, Isocratous Street, 1016, Nicosia, Cyprus

Website: <http://theo.ac.cy/>

**ERASMUS APPLICATION FORM**

**STUDENT MOBILITY FOR STUDIES**

**THE SENDING INSTITUTION**

|  |  |
| --- | --- |
| Name  | **THEOLOGICAL SCHOOL OF THE CHURCH OF CYPRUS**  |
| Erasmus code(if applicable) | **CY NICOSIA34** | Faculty/Department | THEOLOGY |
| Address | 1-7 Isocratous street, 1016,Nicosia, CYPRUS |
| Contact person name and position | Dr Olga Solomontos – Kountouri,Assistant professor, Director of Research and International Relations Office | Contact persone-mail / phone | erasmus@theo.ac.cy +357 22443061 |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **PERSONAL DETAILS** |  |  |
| **Surname:** | *Please attach a* |  |
|  |  |
|  | *passport size* |  |
| **Name:** | *photograph here* |  |
|  |  |



**Sex:**



**Nationality:**



**ID no.**



**Date of Birth:**



**Address:**



**Telephone:**



**E-mail:**

**ACADEMIC DETAILS**

**Student Number:**

 **Cycl**



**Program of Study:**

**Year of study:**

**CPA:**

**Credits Completed:** (until the end

of the current semester)

**LANGUAGES**

Please indicate below your mother tongue(s) and any foreign languages you speak:



**MOBILITY DURATION**

 Fall Semester 2017  Spring Semester 2018  Academic Year 2017-2018

**RECEIVING INSTITUTION OF CHOICE**

Please write the receiving institution you prefer for mobility:



**EXTRA INFORMATION**

Please answer with YES or NO and explain where necessary.

**Do you have any disabilities?**

 Yes  No

**Do you hold a scholarship at Theological School of the Church of Cyprus? If YES, please provide details.**

 Yes  No

**Do you have any examinations or proof of your Language Proficiency? If so, please attach.**

(Certificates of Examinations must be attached; i.e. IGCSE exam)

 Yes  No

**Are you involved in any Extracurricular Activities?**

(Erasmus Society, Athletic Competence/ participation, Clubs/Societies, etc.)

 Yes  No

**Have you ever been on Erasmus+ for Study Mobility and/or Traineeship? If yes, please add dates of mobility.**

 Yes  No

**INFORMATION FOR EMERGENCIES**

*This information is confidential and will be used only in case of emergency*

**Do you have any health Insurance (European/Private)? Please give details.**

*(It is mandatory to have insurance)*

**Do you suffer from any health problems?**

*(If yes, please provide the exact name of the illness, use of any medications, etc.)*

**Disabilities requiring support**

1. **Have you been diagnosed with a learning difficulty** *(dyslexia, apraxia, etc.)* **or attention problems**

*(hyperactivity, etc.)***?**

Yes No

**If YES, do you have a report confirming that diagnosis?**

Yes No

*Please submit the report with this application.*

1. **Do you have a physical disability that might affect your academic performance?** *(Mobility**problems, impaired hearing, impaired vision, history of disease such as diabetes etc.)*

Yes No

**If YES, do you have a report confirming that diagnosis?**

Yes No

*Please submit the report with this application.*

1. **Do you have any other difficulties that might affect your academic performance? Please give details.** *(Death in the family or other traumatic loss, emotional problems, eating disorder, etc.)*

**WHOM TO CONTACT IN CASE OF EMERGENCY**



**Name:**



**Relationship to you:**



**Home Address:**



**Home Telephone: Work Phone:**



**Mobile Phone: Home Fax:**



**E-mail:**

**NECESSARY DOCUMENTS**

With this application please make sure to attach:

 **Copy of ID card or Passport**

 **Passport Size Photograph**

 **Transcript**

 **Short Essay** (Please write in one page your personal interest in studying through Erasmus+ Program (personal aims, expectations, learning outcomes, added value etc)

*Submission Guidelines:*



**Application Deadline:**

Only typed applications will be accepted. Also make sure that you have included all of the above documents as incomplete applications will not be accepted. All hard copies applications should be submitted to the **Erasmus Office**.

For more information please contact us via email at erasmus@theo.ac.cy and o.solomontos-kountouri@theo.ac.cy or via phone at 22443061.



**Student Signature:**  **Date:**

**Year of Study:**