



**THECYPIOM LTD
THE CYPRUS INSTITUTE
OF MARKETING**

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REGISTRATION FOR EU STUDENTS

Proposed Course of Study (Please Circle)		POSTPLAN (1)	DMM (2)	ADBA (3)			
ADIS (4)	B.I.S. (5)	ADTOUR (6)	B.T.M. (7)	ADSA (8)	B.S.A. (9)	DSM (10)	BBA (11)
BED (12)	ADFC (13)	BFCM (14)	ADBANK (15)	BBM (16)	ADES (17)	BES(18)	

CODES: (1) Postgraduate Diploma in Corporate Management & Strategic Planning, (2) Diploma in Marketing Management, (3) Advanced Diploma in Business Administration, (4) Advanced Diploma in Insurance Studies, (5) Bachelor in Insurance, (6) Advanced Diploma in Tourism, (7) Bachelor in Tourism Mgt, (8) Advanced Diploma in Shipping Administration, (9) Bachelor in Shipping Administration, (10) Diploma in Sales Management, (11) Bachelor in Business Administration, (12) Business English Diploma, (13) Advanced Diploma in Financial & Computer Studies, (14) Bachelor in Financial & Computer Management, (15) Advanced Diploma in Banking, (16) Bachelor in Banking Management, (17) Advanced Diploma in European Studies, (18) Bachelor in European Studies

Academic Year 201__ to 201__ Annual Fees € _____

Surname: Mr/Mrs/Miss/MS _____ Other Names _____

Full Address _____

E-mail _____ Home Tel. _____ Mobile _____

Date of Birth (mm/dd/yyyy) _____

Education (Graduate of School or College or University)

(a) _____ (b) _____

Qualifications obtained – Academic / Professional

(a) _____ (b) _____

Languages spoken

(a) _____ (b) _____ (c) _____

Employer's name and address _____

Business Telephone No. _____ Fax _____

Nature of Business _____

Post held at present _____ E-mail _____

Source of Financial Assistance _____

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS CORRECT. I DO UNDERSTAND THIS IS A BINDING AGREEMENT

I FULLY AGREE TO PAY THE BALANCE OF MY OUTSTANDING ANNUAL FEES IMMEDIATELY IN CASE I DECIDE FOR ANY REASON TO LEAVE BEFORE THE COURSE IS DULY COMPLETED.

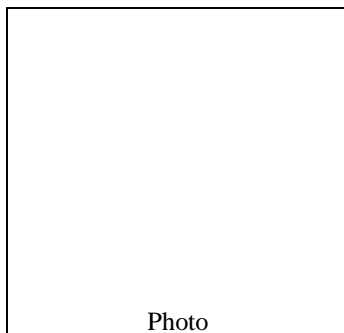
Date _____ Student's Signature _____

Interviewed by _____ Date _____

Application Approved Application Turned Down

Remarks _____ Signed _____

CIM ADMISSIONS SECRETARY



PAYMENTS TERMS

STUDENT DECLARATION

I AGREE WITH THE PAYMENT TERMS

Signed by Student

Date

IMPORTANT NOTE TO STUDENTS: MAKE SURE YOU ATTACH ALL YOUR EXPERIENCE AND ACADEMIC CREDENTIALS, COPY OF PASSPORT/ID AND AFIX A RECENT PHOTO.

Declaration

I consent to the process by The Cyprus Institute of Marketing of my personal data, whether sensitive or not, in accordance with the provision of the Processing of Personal Data (Protection of Individuals) Law 2001 as it shall be amended from time to time. I understand that The Cyprus Institute of Marketing shall not disclose information relating to me to third parties except where necessary for the assessment of this Application for registration. The Cyprus Institute of Marketing may use my address, telephone number and e-mail in order to contact me in accordance with this application.

I understand that according to the provisions of the above Law I have the right to access to and rectification of my data and the right of objection upon written application, and I acknowledge that the Controller of my personal data is The Cyprus Institute of Marketing.

Student's Signature

Date
