

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

UKCAT	<input type="checkbox"/>
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 (Law, Literature, Psychology)	<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: 2016 2017	

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 : _____

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. Declaration

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

Signature: _____

Date: ___ / ___ / 201__

Για την έκδοση των αποδείξεων παροχής υπηρεσιών για την καταβολή των διδάκτρων είναι απαραίτητα τα παρακάτω τα οποία αφορούν στον υπόχρεο πληρωμής των διδάκτρων.

ΑΦΜ :

Επάγγελμα:

ΔΟΥ:

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