



Foundation College

Application Form

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): _____
Telephone Number (evening): _____
Mobile: _____
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 in Passport) :

2. Course to which you are applying

UKCAT Preparatory Course <input type="checkbox"/>
Engineering/Science Foundation Course <input type="checkbox"/>
Business Foundation Course <input type="checkbox"/>
Biology/Paramedical Foundation Course <input type="checkbox"/>
Architecture/Design Foundation Course <input type="checkbox"/>
Humanities Foundation Course <input type="checkbox"/>
Custom Foundation Course <input type="checkbox"/>
Summer Foundation Course <input type="checkbox"/>
A level taster course (summer) <input type="checkbox"/>
A Levels <input type="checkbox"/>
Subjects: _____ _____
Site: Athens <input type="checkbox"/>
Kifissia <input type="checkbox"/>
Month and year you wish to commence- Month: Oct Feb Jun Year: 2017 2018
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: _____
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.

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: / /

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 scan, attach and send by email to: admin@fcollege.gr