

**APPLICATION FORM FOR ADMISSION
TO THE PHD PROGRAM**



APPLICATION FORM FOR ADMISSION TO A PHD PROGRAM

Please complete **ALL** sections of the following form clearly and accurately using **CAPITAL LETTERS**. If you have any queries about completing this form, please contact us at (+357) 22441860 or email us at info@philipsuni.ac.cy. Alternatively, you can apply online at <https://philipsuni.ac.cy/apply-to-philips-university/>

UNIVERSITY STAMP/SIGNATURE

PERSONAL DETAILS YOU MUST ENSURE ALL SECTIONS ARE COMPLETED ACCURATELY



TITLE MR MS OTHER

NATIONALITY

FAMILY NAME

FIRST NAME(S)

DATE OF BIRTH
(DD/MM/YYYY)

GENDER MALE FEMALE OTHER

FATHER'S NAME

PASSPORT NUMBER

PASSPORT EXPIRY DATE
(DD/MM/YYYY)

MARITAL STATUS	
COUNTRY OF BIRTH	
COUNTRY OF RESIDENCE	
HOME ADDRESS	
POSTCODE	
CITY OR TOWN	
COUNTRY	
ADDRESS OF CORRESPONDENCE	
POSTCODE	
CITY OR TOWN	
COUNTRY	
EMAIL	
TELEPHONE NUMBER	

EDUCATION Please enter in chronological order (beginning from most recent), details of the courses attended.

+

DATE FROM (DD/MM/YYYY)	TO (DD/MM/YYYY)	SCHOOL ATTENDED	OVERALL GRADE	QUALIFICATION EARNED

□

INITIALS

EXTERNAL EXAMINATIONS

EXAMINATION	MAIN SUBJECT	RESULTS	ANTICIPATED DATE OF RESULTS

School and Department of studies Please indicate the School and Department you are interested in pursuing a PhD in.

SUGGESTED SUPERVISORS

FINANCIAL INFORMATION Please indicate how you intend to finance your studies. (Please provide the name and address of your sponsor if appropriate).

INITIALS

HEALTH Please state any medical considerations you wish the University to know to enable us to assist you.



DOCUMENTS TO BE SUBMITTED BY ALL STUDENTS

DOCUMENTS TO BE SUBMITTED BY INTERNATIONAL STUDENTS

Certified copies of:

- 1) Research proposal
- 2) Postgraduate/Master degree
- 3) Graduate/Bachelor degree
- 4) Secondary School leaving certificate
- 5) External Examinations Passed

- 1) Bank recommendation on ability to meet financial obligations (original)
- 2) Character reference from police (original)
- 3) Photocopies of front pages of passport (Valid for at least two (2) years)

Photocopies of:

- 1) Birth certificate
- 2) Official form of identification



GENERAL DATA PROTECTION REGULATION (GDPR)

I, the Applicant, hereby provide my consent to the processing of my personal information, which I have disclosed herein to the organization PHILIPS UNIVERSITY CYPRUS, for the purpose of (i) enrolling and registering me in the aforesaid program of study for the aforesaid specified academic year and semester and (ii) communicating, either by post, telephone, email or any other way, with me regarding any services, offers and notifications at a later stage.

Candidate Signature

Date

