National and Kapodistrian

University of Athens

Cyprus Branch

APPLICATION FORM

For admission to the Undergraduate Programme in Nursing offered by the National and Kapodistrian University of Athens - Cyprus Branch

Date of Submission: …/…/2025

Submission Period: 08/09/2025 - 30/09/2025

Expressions of interest do not constitute an application for admission/registration. Such applications may be submitted only after the completion of all accreditation procedures and following a new announcement.

1. Personal Details

Full Name *(as stated in your ID)*: ……

Father's Name: ……

Mother's Name: ……

Date of Birth: ..... / ..... / .....

Place of Birth: ……

Nationality: ……

ID Card/Passport Number: ……

2. Contact Details

Home Address: ……

City/Postcode: ……

Country: ……

Phone Number: ……

Email Address: ……

3. Education

Title of School Leaving Certificate/Academic Degree: ……

Year of Graduation: ……

Graduating Institution/School: ……

School Leaving Certificate Overall Average Grade *(or classification)*: ...../20 or ...../100

4. Supporting Documents Submitted with the Application

Please tick ✓ the documents you are including with your application:

□ **Copy of ID Card or Passport**

□ **Education:**

□ (i) School Leaving Certificate from a recognized High School of at least six years of attendance

□ (ii) A qualification equivalent to, or corresponding with, the above-mentioned School Leaving Certificate, regardless of whether it was obtained in the Republic of Cyprus or abroad

□ **Results of the subjects examined** in the Panhellenic/Pancyprian Access Examinations (for candidates from Greece or Cyprus) and results of equivalent Higher Education Entrance Examinations for candidates from other countries

(Candidates holding a Greek High School Leaving Certificate must also meet the Minimum Admission Base for the relevant scientific field)

□ **CV**

□ **Proof of Language Ability:**

□ Proof of English Language Ability at a minimum of B2 Level (according to the Common European Framework of Reference for Languages)

□ Proof of Greek Language Ability (if required)

□ **Other (e.g., Letters of Recommendation, Certifications, Volunteer Work, etc.):**

5. Candidate's Declaration

I hereby declare that all information on this form is true and accurate. I also state that I wish to participate in the selection process for admission to the Undergraduate Programme of the Department of Nursing at the National and Kapodistrian University of Athens - Cyprus Branch, starting in October 2025.

Candidate's Full Name:

Signature:

Date: …… / …… / 2025