

Application No.

Reference No.

(for official use only)

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**Eastern  
Mediterranean  
University**

"For Your International Career"

# APPLICATION FORM for FACULTY of MEDICINE

USE CLEAR AND BLOCK CAPITALS TO FILL IN THE FORM

## 1- PERSONAL DETAILS

Surname / Family Name									
First / Given Name(s)									
Father's Name						Mother's Name			
Gender		Date of Birth				Country of Birth			
Male							Nationality		
	Female								
		D	D	M	M	Y	Y		
Postal Address						E-mail			
						Tel No.			
						Mobile No.			
Country						Fax No.			
Passport Number						Date of Issue			
Country of Issue						Date of Expiry			

## 2- EDUCATION

Name of School(s) Attended	Diploma Type	Diploma Date

## 3- COURSES ATTENDED, HOBBIES AND ACTIVITIES PARTICIPATED IN


## 4- PROGRAMS APPLIED

Program Code	Name of Program	FOR OFFICIAL USE ONLY			
		Decision		Reg. Sig.	Approval Date
		Accept	Reject		
91	MEDICINE				

### IF NOT ACCEPTED WOULD YOU LIKE TO APPLY FOR ANOTHER PROGRAM

Please visit <http://registrar.emu.edu.tr/akademik/akademikprogramlar.htm>


**5- PLEASE SPECIFY THE INFORMATION SOURCE(S) WHICH YOU USED TO FIND OUT ABOUT EMU**

Parents / Relatives		Newspaper/Radio/TV Advertisement		Educational Advising Center in Home Country	
Friends		Web/Internet		EMU Representative	
College/University/Publication		Educational Exhibitions		Alumnae	

**6- SOURCES OF FINANCIAL SUPPORT**

Scholarship		Family		Other. <i>Please State:</i>	
Self – Finance		Employer			

**7- PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION FORM**

- 1- Photocopies of your high school diploma and academic record sheets and/or GCSE, WAEC, NECO, SAT, TAWJIHI, ABITURIYENT, TOEFL, IELTS, etc.
- 2- Passport size photo.
- 3- Photocopies of the relevant pages of your passport.
- 4- Letter of intention. Reasons for studying Medicine and future targets. (Around 1000 words)
- 5- Medical check-up certificate

**8- IF YOU ARE AN AGENT PLEASE FILL IN THE SECTION BELOW**

Agent Name	Agent Signature & Stamp
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**9- DECLARATION**

- 1- I certify that the statements made on this form and attached documents are correct.
- 2- I understand that my application or registration can be cancelled by the Registrar, if the information and/or documents supplied are found to be incorrect, false or distorted.
- 3- I confirm that, if admitted to the University, I will conform to the University Regulations.
- 4- I understand that, if admitted to the University, and if my funds are inadequate at any time during my studies the University will not provide financial assistance either by grant or by remission of fees.

Signature of the Applicant

Date:

**PLEASE SEND YOUR APPLICATION FORM TO THE REGISTRAR'S OFFICE**

Eastern Mediterranean University, Famagusta, North Cyprus (via Mersin 10-Turkey)

**Tel:** +90 392 630 1217**Fax:** +90 392 365 1317**e-mail:** registrar@emu.edu.tr**web:** <http://registrar.emu.edu.tr>