



NEW YORK COLLEGE
THE INTERNATIONAL COLLEGE OF GREECE

Student Application Form

Where did you hear about New York College?

PERSONAL DETAILS

First Name: _____ Middle Name: _____

Surname: _____

Gender: _____

Date of Birth: _____

Place of Birth: _____ City, State: _____ Country: _____

Citizenship: _____

Greek ID No: _____

AMKA/ SNN: _____

Greek Tax No (ΑΦΜ): _____

Passport No (Non-Greek): _____ Passport Expiration Date: _____

Country of Insurance: _____

Do you have a disability?

Please tell us if you have any physical or other disabilities which might necessitate special arrangements



CONTACT INFORMATION

Email: _____ Mobile Phone: _____ Phone Number: _____

PERMANENT ADDRESS

Street, House Number: _____

City, State: _____ Post/Zip Code: _____ Country: _____

ADDRESS FOR CORRESPONDENCE (if different to above)

Street, House Number: _____

City, State: _____ Post/Zip Code: _____ Country: _____

COURSE PREFERENCE

Major: _____ University: _____

Semester: _____ Year _____ Duration for Attended Program: _____

PARENTS DATA

Father First Name: _____ Surname: _____

Position: _____ Company: _____

Mother First : _____ Surname: _____

Position: _____ Company: _____

GUARDIAN INFO CONTACT

First Name: _____ Surname: _____ Email: _____

Mobile Phone: _____ Address: Street, House Number _____

City, State: _____ Post/Zip Code: _____ Country: _____



LANGUAGE PROFICIENCY

Native language: _____

Second Language: _____

ENGLISH LANGUAGE

Please attach a certified copy of your English language test results

Score: _____

MILITARY SERVICE

SECONDARY/ TERTIARY EDUCATION

HIGH SCHOOL DIPLOMA INFO

High School Name: _____ Grade: _____

Date of Completion: _____

COMPLETED STUDIES

Please attach list/ additional documents if there is not enough space.

Name of Program: _____

Name of University: _____

Years FROM: _____ TO: _____ Completed:

CURRENT STUDIES / TRANSFER OF CREDITS

Are you currently studying a diploma, degree, or Foundation Studies Program? Yes No

Do you want to transfer your credits to New York College? Yes No

Name of Program: _____

Name of University/ Institution: _____ Date of Completion: _____



WORK EXPERIENCE

Please list details of any work experience you have. Please attach list/ additional documents if there is not enough space.

Employer #1: _____

Years of Service: _____

Position: _____

Employer #2: _____

Years of Service: _____

Position: _____

TUITION FEES TO BE PAID BY

NAME AND ADDRESS OF PERSON OR BODY PAYING TUITION FEES

Full Name: _____

Address: _____

Email: _____

Phone Number: _____

Tax No (ΑΦΜ): _____

Tax Office: _____

PLEASE WRITE AN APPLICATION ESSAY (250-300 WORDS) REGARDING HOW A COLLEGE EDUCATION WILL CHANGE YOUR LIFE

DECLARATION

I declare that the information provided in this application and the documentation supporting it is true and complete. I also understand that providing false or misleading information may lead to the cancellation of my enrolment.

I hereby provide my consent to the disclosure of any personal information from my education records to my parent(s)/ guardian or any designated third party for reasons determined by New York College as appropriate.

Yes

No

I authorize the University to contact me by SMS.

Yes

No

I have read and accept the [Terms & Conditions](#)

By sending this form you agree that the information you have provided will be stored in our database in order to reply to your request, as well as to inform you about our educational programs.

Date _____

Signature _____