



UNIVERSITY OF NICOSIA
MEDICAL COLLEGE ADMISSIONS TEST (MCAT-2017) PREPARATION COURSE
APPLICATION FORM

PLEASE PRINT OR TYPE

DATE: _____

Name: _____
 (Last) (First)

Date of birth: _____ Age: _____ Male: _____ Female: _____

Mailing Address: _____

City: _____ Country: _____

Telephone: _____ Mobile: _____

E-mail address: _____

EDUCATION

Colleges/Universities Attended (*Indicates currently enrolled):

Name	Dates	Country	Major
*1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Current GPA or GPA of earned degree (or equivalent): _____

IELTS Grade (or equivalent, please specify): _____

Students who register for the course will have a 4-month access (May – August, 2016) to the Gold Standard® electronic textbooks and full practice tests.

The completed form must be returned by e-mail to Hajigeorgiou.p@unic.ac.cy