



eastern mediterranean university  
**INTERNAL-TRANSFER APPLICATION  
FORM FOR THE GRADUATED STUDENTS  
FROM TWO-YEAR PROGRAMMES (EMU)**

PLEASE USE CAPITAL LETTERS IN COMPLETING THIS FORM

Please stick  
your  
**PHOTO**  
here

PREVIOUS STUDENT NUMBER							
NAME - SURNAME							
FATHER'S NAME							
NATIONALITY							
POSTAL ADDRESS	----- ----- -----						
	TEL -----			FAX -----			

DEPARTMENT GRADUATED	
DEPARTMENT APPLIED TO	

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION FORM IS ACCURATE AND I UNDERSTAND AND ACCEPT THE FACT THAT THE TUITION FEE MAY BE CHANGED BY THE BOARD OF GOVERNORS IN COMING SEMESTERS.	
DATE :	SIGNATURE :

PLEASE PAY THE APPLICATION FEE (\$ 10) TO THE BANK AND COLLECT A RECEIPT