

Date: .....

Registration Number: .....

## Alumni Registration Form

### SECTION I – PERSONAL & ACADEMIC INFORMATION

Name – Surname.....

Academic Institution:  European University Cyprus  Cyprus College

Graduation Year(s): .....

Academic Qualification:  Diploma  Higher Diploma  Degree  Master  PhD

Major.....

### SECTION II – PERMANENT ADDRESS

No.....Street.....Flat.....

Area..... Postal Code.....City.....Country.....

Telephone Number(s).....Mobile Number(s).....

E-mail Address.....

### SECTION III – WORK ADDRESS (if any)

Company Name.....

Your Position.....

No.....Street.....Flat.....

Area..... Postal Code.....City.....Country.....

Telephone Number(s).....Mobile Number(s).....

E-mail Address.....

May we use this new information for our Alumni Directory and any future alumni publications?  YES  NO**In the event that you do not wish to be a member of the Alumni Association please check this box** **THANK YOU FOR HELPING US KEEP OUR RECORDS UPDATED****Please Return this Form to:**European University Cyprus  
Office of Student Affairs  
6 Diogenes Street, P.O.Box 22006, 1516 Nicosia - Cyprus

or

E-mail: [alumni@euc.ac.cy](mailto:alumni@euc.ac.cy)  
Fax: 00357-22-713070