



Application Form
Transfer Student
Fall Semester 2012/2013

Full Name _____

Date of Birth _____

Personal ID Number _____

Gender ___ Male ___ Female

E-mail Address _____

Phone Number _____

Cell Phone Number _____

Place of Birth _____

 Municipality _____

 City _____

 State _____

Current Address _____

 Municipality _____

 City _____

 State _____

Field of Interest at UACS _____

Planned Duration at UACS _____



Educational Background

School Name _____

Vocation/Major _____

GPA _____

School Completion – Year _____

Current Academic Year and Semester _____

Number of Transfer Credits _____

List of Previous Course(s)

Tuition

Fall Semester 2012/2013

6 ECTS = 260€ / 8 ECTS = 347€

Who Will Pay Your Education Process? _____

Terms of Payment _____

How Did You Find Out About UACS? _____

Student Signature _____