



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:

Larnaca College

Office of Student Affairs

75 Mehmet Ali, 6026 Larnaca, P.O. Box 42863, Cyprus

T: +357 24 828899 | F: +357 24 622299 |

E: larnacacollege@gmail.com | W: www.larnacacollege.ac.cy