



MINOAN INTERNATIONAL COLLEGE

Terra Maris Convention & Golf Resort, GR 700 14 Limin Hersonissos, Heraklion, Crete, Greece
Tel.: +30 28970 26200, Fax: +30 28970 26203, www.minoancollege.gr, e-mail: info@minoancollege.gr

Undergraduate Application Package

European Union Citizens











Dear candidate students,

In this booklet you will find all the documents required for applying for admission to the undergraduate programs offered by **MINOAN INTERNATIONAL COLLEGE**.

Please read the enrolment requirements carefully and submit your application together with **all** the required supporting documents. **Incomplete applications will not be processed.**

The deadline for applications for the fall 2009 semester is **June 1st, 2009**.

In this booklet you will find:

-  Information Sheet: Application process and enrolment requirements
-  Application Form
-  Academic Reference Forms
-  Doctor's Certificate Form
-  Information Sheet: Tuition and accommodation fees and other charges
-  Payment terms
-  Methods of payment
-  Credit card payment form

Should you require information beyond what is covered in this booklet please contact us:
info@minoancollege.gr



Application Process and Enrolment Requirements – EU Students

Candidates for admission to Minoan International College need to take the following steps to ensure a timely processing of their applications:

1. Submit a properly completed Application Form to the Admissions Officer together with a non-refundable application fee of € 25 (*photocopies of bank receipts must be included with the application package*).
2. Submit a high school diploma* and a full and official transcript of academic record. If necessary, both documents should be translated into English by an official authority.

** Students may apply while in their final year of high school and should submit a full and official transcript of academic record up to the time of application.*

3. Provide official copies of English language qualifications or official documentation of attendance at an English speaking High School or University.*

English Language Requirements:

- **TOEFL:** 550 paper based, 213 computer based, 79-80 Internet based (TOEFL Institution Number: 0288)
- **IELTS:** minimum 6 Band overall (Academic Test)
- **CAMBRIDGE ADVANCED:** Grade B

* Candidates who cannot provide English language qualification documentation are required to take an English language placement test to assess their ability to follow the program of studies. This test is also available online to students who have submitted a complete application form. To ensure the accuracy of the online test score, MIC reserves the right to re-test students upon their arrival.

4. Submit two letters of Academic Reference in English (forms provided by MIC).
5. Submit a Doctor's Certificate (form provided by MIC).
6. Submit a photocopy of an ID card / passport.
7. Submit two passport size photographs.

Application deadline: June 1st, 2009

Please ensure that your application package is complete. The Admissions Committee will not review applications not accompanied by the supporting documents listed above.



What happens next:

1. A successful candidate will receive initial notification of his/her acceptance by e-mail.
2. The registration fee of € 300 is due.
3. Upon receipt of the registration fee, an official acceptance letter* will be sent by courier.

* Students in their final year of high school will receive a **provisional** acceptance letter pending submission of the high school transcript indicating graduation and a copy of the diploma.

Payment of tuition and accommodation fees:

Tuition and accommodation fees are paid on a semester basis. Deadlines for fee payments are as follows:

September 1st: Fall semester fees

January 2nd: Spring semester fees

Methods of payment:

Fees may be paid by credit card*, bank draft or bank deposit. Photocopies of bank receipts must be included with the application package or be forwarded to MIC by fax: +30 28970 26203.

** Credit card payment form is provided at the back of this booklet.*

Banking details:

Please make payments to:

MINOAN EDUCATIONAL SA

Terra Maris Convention & Golf Resort , Limin Hersonissos

GR 70014 HERAKLION, CRETE, GREECE

TEL: +30 28970 26200 FAX: +30 28970 26203

Alpha Bank, Branch #661

7, Giamalaki Street

GR 712 02 Heraklion, Crete, Greece

Tel: +30 2810 283 154

IBAN: GR28 0140 6610 6610 0200 2012 923

SWIFT code (BIC): CRBAGRAAXX



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UNDERGRADUATE APPLICATION FORM

PLEASE FILL IN THIS FORM IN CAPITAL LETTERS

Personal Information

Last Name: _____

First Name: _____

Place of birth: _____ Date of birth: / /
month day year

Citizenship: _____ Native language: _____

Male Female Single Married

ID or Passport No. :

Contact Information

Permanent Mailing Address

Street: _____ No: _____

City/Town: _____ Postal Code: _____ Country: _____

Phone No.: () : _____ Fax No.: () : _____

Mobile No.: _____ E-mail: _____

Person to contact in case of emergency: Name _____ Phone No.: _____

Family Information

Father's Name & Last Name: _____

Mother's Name & Last Name: _____

Program of Study Desired

B.Sc in Tourism & Hospitality Management

BBA in Business Management

Concentration:

Concentration:

Hospitality and Tourism Management

Human Resource Management

Convention, Event and Exhibition Management

Marketing Management

Food, Beverage and Culinary Management

Applying for admission

into First Year  Full time Part time

with transfer credits from another institution  Full time Part time

Live-in student (single room* double room) *Supplement required

Schools Attended

Institution: _____

City: _____ Country: _____ Year of Graduation: _____

Certificate or diploma obtained: _____

Institution: _____

City: _____ Country: _____ Year of Graduation: _____

Certificate or diploma obtained: _____

Language Skills

(please rate your ability)

English Excellent Good Limited

German Excellent Good Limited

French Excellent Good Limited

Other Language(s):

_____ Excellent Good Limited

_____ Excellent Good Limited

How long have you studied English? _____ years

List any English proficiency examination(s) taken, your score and date of examination

State briefly your reasons for wishing to attend MIC and study your selected program:

(if you need additional space please use a blank piece of paper)

Medical

Have you any medical conditions of which MIC should be aware? No Yes

If "yes", please specify _____

Hobbies and Interests

State your hobbies, sports preferences, interests and talents

Signature

I certify that the information provided is correct and complete. If admitted, I agree to comply with all rules, regulations and policies of Minoan International College, as described in MIC's bulletin.

Signature of Applicant _____ Date _____

Note: The applicable application fee (payable by credit card or international bank draft or money order payable to Minoan Educational S.A.) must accompany this form.

Comments

How did you first hear about MIC?

- Advertising
- Family
- Friend
- Teacher
- Hospitality Professional
- Web
- Other _____

MIC Office Use Only

Date Application received: _____

Approved

Rejected



DOCTOR'S CERTIFICATE

A Doctor's Certificate is required for the admission of a student to Minoan International College. It must be completed by the family doctor and submitted with the rest of the required documents. The Doctor's Certificate must be filled out in capital letters and be given to the student in a sealed and initialed envelope.

MEDICAL HISTORY OF CANDIDATE _____ (NAME)

Please mention if the candidate has suffered or is suffering from any of the following diseases and, if yes, when?

Indicate YES or NO

- | | | |
|---|------------------------------|-----------------------------|
| 1. INFECTIOUS DISEASES (tuberculosis, typhus, hepatitis, etc) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. METABOLIC & ENDOCRINAL DISORDERS (diabetes, etc) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. CARDIOVASCULAR DISEASES | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. PHYSICAL DISABILITY | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. NERVOUS SYSTEM DISORDERS (epilepsy, etc) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. MUSCULAR DYSTROPHY | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. MENTAL DISORDERS (psychoses, etc) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. HEALTH PROBLEMS which prevent participation in sports activities | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. PERSONALITY PROBLEMS which affect the participation in academic life | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. BLOOD TYPE _____ | | |

Based on the preceding medical questionnaire, in your opinion, can the candidate freely participate in student activities? If, no, please specify which precautions are required?

Please indicate any allergies that the candidate may have.

Other Comments

DOCTOR'S NAME _____
ADDRESS _____
TELEPHONE _____ DATE ____ / ____ / ____

SIGNATURE-STAMP



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ACADEMIC REFERENCE FORM

Strictly Confidential

PLEASE FILL IN THIS FORM IN CAPITAL LETTERS

To the applicant:

*After filling in the information below, please give this form to your academic referee. The referee will return the completed form, **sealed in an envelope**, to you. Enclose the sealed envelope, **unopened**, with the application material that you are to send to Minoan International College.*

Applicant's Name:

Applicant's Address:

To the Academic Referee

The above named student has applied for admission to the Minoan International College academic program leading to a Bachelor's degree.

Admission to MIC is based on a selective process in which criteria such as academic potential, motivation, maturity, integrity, initiative and leadership are of great importance. We would greatly appreciate it if you would provide us with information that will help our Admissions Committee assess the applicant. We value your comments and will ensure that they remain strictly confidential.

When you have completed the form, please insert it into an envelope, seal it and sign your name across the seal to guarantee confidentiality. Return the envelope to the applicant, who will send the entire package, unopened to us.

In evaluating the applicant, the Admissions Committee will place considerable importance on this academic reference. Your comments will be held in the strictest confidence.

Referee's name & title:

Position:

School name:

School address:

Telephone number:

Fax number:

E-mail address:

Evaluation

Please state how long you have known the candidate and in what capacity (1) and list the courses that you have taught this student and the main language of instruction (2).

(1)

(2)



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(1)

(2)



European Union Students Financial Information

1. Tuition fees and related costs - Undergraduate Program

- € 2,475 per semester
- A one-time registration fee of €300
- Activity fee: € 50 per semester

2. Accommodation Expenses:

Room and Board Double occupancy at the 5-star [Terra Maris Convention & Golf Resort](#)

Room fully equipped with bath, TV, A/C, desk, hair dryer, fridge, free Internet connection, phone and safety deposit box.

Full Board (3 meals a day)

€ 3,760 for Fall 2009 (September 16 - December 19)

€ 3,880 for Spring 2010 (January 24 - May 1)

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All other items such as the purchase of text books and accident insurance as well as expenses of a personal nature are the responsibility of students.

Photocopying and printing facilities are available on campus. Students wishing to make use of these facilities are required to purchase preloaded cards at the reception desk. The cards are rechargeable.

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MINOAN INTERNATIONAL COLLEGE reserves the right to adjust these charges as the costs and/or circumstances change.



APPLICATION CHECK LIST

- Completed application form
- Evidence of application fee payment
- Appropriate academic documents
- Documentation of English language qualifications
- Two letters of Academic Reference
- Doctor's Certificate
- Photocopy of a valid passport
- Two passport size photographs



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CREDIT CARD PAYMENT FORM

<input type="checkbox"/> I hereby authorize a charge be made to my credit card on behalf of student _____			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	
Amount to be charged € _____			
Credit card number _____			
Expiration date (as written on the credit card) _____			
Name (as written on the credit card) _____			
Signature _____			
Date _____			

**WARNING: For your own safety please send the completed form by fax at
+30 28970 26203**