



**MINOAN INTERNATIONAL COLLEGE**

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

# Graduate Application Package






## International Students



In this booklet you will find all the documents required for applying for admission to the Master of Science programme 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.**

In this booklet you will find:

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

Should you require information beyond what is covered in this booklet please contact us:  
[www.minoancollege.gr](http://www.minoancollege.gr)



## Application Process and Enrolment Requirements International M.Sc. Candidates

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 € 50. (*Photocopies of bank receipts must be included with the application package*).
2. Submit official transcripts from **all** post secondary institutions attended. If necessary, these documents should be translated into English by an official authority.
3. Submit course descriptions (taken from appropriate school bulletins/calendars).
4. Submit a resume.
5. 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

6. Submit two letters of Academic Reference in English (forms provided by MIC).
7. Submit a Doctor's Certificate (form provided by MIC).
8. Submit a photocopy of a valid passport.
9. Submit two passport size photographs.
10. Submit evidence of financial resources to cover living and studying expenses while in Greece.

### Application deadline: June 1<sup>st</sup>, 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 together with a "Validated Certificate of Acceptance" in the Greek language. This validated certificate is a required document for the issuance of the student visa.

## **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 term fees

**January 2nd:** Winter term fees

**February 15<sup>th</sup>:** Spring term fees

**IMPORTANT NOTE:** The Greek Embassy / Consulate may request proof of tuition / accommodation payment together with the visa application. In this case, tuition and accommodation fees should be paid along with the registration fee. **In the event that the visa is denied, these fees will be refunded.** Bank charges are the responsibility of the student.

## **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 Hotel, 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**



## Visa Requirements for Non European Union citizens

All incoming students who are not European Union citizens are required to comply with certain rules and regulations concerning the issuance of student visas in order to be able to enter the country. MIC assists students in locating the Greek Embassy or Consular Office closest to their place of residence.

In order to process their visa application students are required to provide the Greek Embassy or Consulate in their home country with\*:

1. A validated certificate of acceptance by Minoan International College.
2. A declaration from the student's home country that the candidate has no criminal record.
3. Two (2) copies of their passport.
4. Two (2) color passport size photos.
5. Evidence of financial resources to cover living and studying expenses while in Greece.
6. An International Health Certificate. This document should be prepared in duplicate as it is also required for the Residence permit.

***\*Requirements may vary from country to country. The above should be used as a guideline and students should consult the Greek Embassy / Consulate in their home country for specific requirements.***

## Residence Permit Requirements

After entering the country, students must apply for a residence permit. An application fee of approximately € 150 is required.

In order to process the residence permit a student is required to:

1. Submit two (2) copies of his/her passport and visa.
2. Submit three (3) color passport size photos.
3. Open a bank account and maintain a minimum balance of Euro 500.
4. Provide official copies of the medical tests required to obtain a visa from the Greek Embassy in his/her home country (item 6 of visa requirements above). This certificate should be issued in English or a notarized English translation should be provided.
5. Provide a certificate indicating health insurance, hospitalization and pharmaceutical coverage for one year. Certificate must be translated into Greek and must be notarized (translation must be done in Greece for a fee).



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## APPLICATION FORM

### Master of Science Degree in Tourism and Hospitality Management

Attach photo here

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

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: \_\_\_\_\_

#### Applying for:

Full time  Part time (applicable to European Union Citizens only)

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

#### Prior Education (Please list all post secondary institutions attended)

Institution: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Program of study: \_\_\_\_\_

Degree/Diploma awarded: \_\_\_\_\_

Institution: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Program of study: \_\_\_\_\_

Degree/Diploma awarded: \_\_\_\_\_

Institution: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Program of study: \_\_\_\_\_

Degree/Diploma awarded: \_\_\_\_\_

## Language Skills

(please rate your ability)

English  Excellent  Good  Limited

Other language(s)

\_\_\_\_\_  Excellent  Good  Limited

\_\_\_\_\_  Excellent  Good  Limited

How long have you studied English? \_\_\_\_\_ years

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

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## Employment History

Company: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Position Held: \_\_\_\_\_

Company: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Position Held: \_\_\_\_\_

Company: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Position Held: \_\_\_\_\_

## State briefly your reasons for wishing to attend MIC

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

## Required documents:

The following documents are required with this application:

- Two letters of reference (at least one from a professor who is very familiar with the candidate's academic work)
- Official transcripts from **all** post secondary institutions attended
- Course descriptions (taken from appropriate school bulletins/calendars)
- Resume

## 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 undergraduate 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.

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?

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Please indicate any allergies that the candidate may have.

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Other Comments

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DOCTOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGNATURE-STAMP**



## 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's Master of Science Degree in Tourism and Hospitality Management.*

*Admission to MIC's graduate program 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)





## International Students Financial Information

### 1. Tuition fees and related costs - Graduate Program

1. **Master's fees:** € 800 per course x 12 courses = €9,600 for the program
2. **a one-time registration fee of €300**
3. **Activity fee:** € 100 for the programme

### 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 Cost (3 meals a day):

**Fall term 2009: September 16 – December 19 (13 weeks): per person in double €3,760**

**Winter term 2010: Jan – February (6 weeks) : per person in double €1,680**

**Spring term: February – May 2010 (14 weeks) per person in double € 3,880**

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**All other items such as the purchase of text books and accident insurance 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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*MIC 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
- Evidence of financial resources to cover living and studying expenses



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## CREDIT CARD PAYMENT FORM

I hereby authorize a charge be made to my credit card on behalf of student

\_\_\_\_\_

Visa

MasterCard

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**