



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

Graduate Application Package










European Union Citizens



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
-  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



Application Process and Enrolment Requirements for M.Sc. Candidates – European Union Citizens

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 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.

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.

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 15th: Spring term 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): CRBAGRAAXXX



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

Attach photo here

APPLICATION FORM Master of Science Degree in Tourism and Hospitality Management

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).

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

(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?

Please indicate any allergies that the candidate may have.

Other Comments

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)



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

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)



European Union Students Financial Information

1. Tuition fees and related costs - Graduate Program

- € 600 per course x 12 courses = € 7,200 for the programme
- a one-time registration fee of €300
- 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

+++++

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.

+++++

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 or ID card
- Two passport size photographs



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

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**