



INTERNATIONAL CENTER FOR ADVANCED MEDITERRANEAN AGRONOMIC STUDIES  
**MEDITERRANEAN AGRONOMIC INSTITUTE OF CHANIA**

**PHOTO**  
(please attach)

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## APPLICATION FOR ADMISSION (D.S.P.U.)

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Notice: Your application will not be considered unless it is fully completed

### I. PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_  
Last (Family) Given Father's name

Permanent home address: \_\_\_\_\_  
Street and number

\_\_\_\_\_ City (or region) Country Postal code

Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Including country and city codes Including country and city codes

Current home address: \_\_\_\_\_  
Street and number

\_\_\_\_\_ City (or region) Country Postal code

Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Including country and city codes Including country and city codes

Birthplace: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Country date, month, year

Male  Female  Married Single National ID No. or Passport No. \_\_\_\_\_

Person to contact in an emergency \_\_\_\_\_

### II. FINANCIAL AID

I wish to be granted scholarship for : Tuition  Board and accommodation  Travel

I have secured funding from another source (Please indicate):

\_\_\_\_\_

I am willing to undertake all my expenses: No  Yes

### III. EDUCATION

List in chronological order all colleges and universities attended.-Please provide certified transcripts and diplomas in English language.

#### Graduate Degree(s)

Institution, Location	Dates of attendance		Major (specialization)	Degree granted or expected end date	Language of Instruction	Average Grade (Please indicate base i.e. 10, 20, or 100)
	From	To				
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

#### Undergraduate Degree

Year of studies	Institution, Location	Average Grade (Please indicate base i.e. 10, 20, or 100)	Hours or Credits
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
		Cumulative average grade	Total hours or Credits
		_____	_____
		Language of instruction	_____

Have you obtained a certificate of English<sup>1</sup>?

Date	
_____	<input type="checkbox"/> TOEFL
_____	<input type="checkbox"/> ELTS / IELTS
_____	<input type="checkbox"/> Proficiency
_____	<input type="checkbox"/> Lower
_____	<input type="checkbox"/> Certificate
_____	<input type="checkbox"/> Other (indicate) _____
_____	<input type="checkbox"/> None

If no test was taken then please indicate your level of English competence:

Excellent   
  Good   
  Fair   
  Inadequate

<sup>1</sup> Please include a copy of original score or diploma.

## IV. EXPERIENCE

List an significant professional or career related experience:

	Employer	Employer's Address	Position	Approximate Dates
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Describe any teaching or tutoring experience:

1 \_\_\_\_\_  
2 \_\_\_\_\_

List significant academic honors or awards or scholarships:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

Do you have field or laboratory training ?  Yes  No If yes total no. of months \_\_\_\_\_ , Specialization \_\_\_\_\_

## V. REFERENCES

Title, name, address, phone/fax, e-mail

1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
3 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VI. PROGRAMME AND DEGREE SOUGHT IN MAICH

	D.S.P.U	M. Sc.
BUSINESS ECONOMICS AND MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>
ENVIRONMENTAL MANAGEMENT (GIS/RS, E.I.A.)	<input type="checkbox"/>	<input type="checkbox"/>
HORTICULTURAL GENETICS AND BIOTECHNOLOGY	<input type="checkbox"/>	<input type="checkbox"/>
FOOD QUALITY AND CHEMISTRY OF NATURAL PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>
SUSTAINABLE AGRICULTURE	<input type="checkbox"/>	<input type="checkbox"/>

Where did you obtain information about MAICH? \_\_\_\_\_

## VII. PERSONAL STATEMENT

Prepare a brief but careful statement regarding: Reasons you want to do graduate work in this field  
Your interests and experience in this field  
Any special skills or experiences that may relate to a scholarship  
Your career plans

## VIII. APPLICANTS CERTIFICATION

I certify that the information provided on this application is accurate and complete. I understand that falsified information may result in denial and / or termination of enrollment at MAICH.

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

N. B. A Medical Certificate from a National hospital translated into English is mandatory.

Return completed form to: **Mediterranean Agronomic Institute of Chania, P.O. Box 85, GR 73100 Chania, Crete, Greece.**