#  ARISTOTLE UNIVERSITY OF THESSALONIKI

**(Photograph)**

# STUDENT APPLICATION FORM

In the frame of the signed Agreement of Scientific Cooperation

between

 Aristotle University of Thessaloniki, Greece and

…………………………………………………..

**ACADEMIC YEAR 20…/20… Period of study:**

**SCHOOL/ DEPARTMENT OF STUDY**: ...........................................................

**SENDING INSTITUTION**

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| Name: ..........................................................................................................................................................Full address: ................................................................................................................................................ ..................................................................................................................................................................... |

**STUDENT’S PERSONAL DATA** *(to be completed by the student applying)*

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| --- | --- |
| Family name: .......................................................Date of birth: .......................................................Gender: .................................................... Place of Birth: .....................................................Current address: ............................................................................................................................................................................................................................................................................................Current address is valid until: .............................Tel.: .....................................................................e-mail: ................................................................. | First name (s): .................................................................Nationality:...................................Permanent address (if different): ............................................................................................................................................................................................................................................................................................................................................................................................................Tel.: .................................................................................. |

**LANGUAGE COMPETENCE**

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| Mother tongue: ............................. Language of instruction at home institution (if different): ................................... |
| Other languages | I am currently studying this language | I have sufficient knowledge to follow lectures | I would have sufficient knowledge to follow lectures if I had some extra preparation |
|  | Yes | no | yes | no | yes | no |
| .............................................................................. | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 |

**PREVIOUS AND CURRENT STUDY**

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| Diploma/degree for which you are currently studying: ....................................................................................Number of higher education study years prior to departure abroad: ................................................................Have you already been studying abroad? Yes 🞏 No 🞏If Yes, when? At which institution? .................................................................................................................**The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.** |

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| **RECEIVING INSTITUTION (ARISTOTLE UNIVERSITY OF THESSALONIKI)** |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. |
| The above-mentioned student is  | 🞏 Provisionally accepted at our institutionProfessor: …………………………….Signature: ……………..…………………Date: …………………………………..The Head of International Relations DepartmentDimitra MENTEKIDOU |
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