# 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 institution  Professor: …………………………….  Signature: ……………..…………………  Date: …………………………………..  The Head of International Relations Department  Dimitra MENTEKIDOU |
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