



APPLICATION FORM ACADEMIC YEAR 2000 – 2000

FIELD OF STUDY:.....

STUDENT'S INFORMATION

Name:	Surname:
Address:	
Country:	Sex: (Male / Female)
Telephone No:	Date of birth:
E-mail:	Nationality:

HOME UNIVERSITY

University Name:	
Faculty/Dept:	
Address:	
Country:	
Contact person at home institution	
Name:	Surname:
Telephone no:	Fax no:
E-mail:	

EXCHANGE'S DETAILS

Diploma/Degree for which you are currently studying:	
Number of years of study completed at your home university:	
Academic Qualifications (please fill with an x)	
Level: I (Initial/Intermediate) <input type="checkbox"/>	A (Advanced) <input type="checkbox"/> D (doctoral) <input type="checkbox"/>
Period of exchange Months: From: To:	
Host Faculty/Dept :	
Name of Supervisor or contact at N.T.U.A. Mrs Eleftheria SKORDALAKI	

The attached **Transcript of Records** includes full details of previous and current higher education study.

STUDENT'S SIGNATURE

Date:..... **Signature:**

COORDINATOR'S SIGNATURE

Date:..... **Signature:**

Stamp:



APPLICATION FORM



GREEK COURSES WINTER SEMESTER

In order to organize everything properly, you are kindly requested to confirm your interest in taking part in one of our courses for the winter semester and to mention your level of knowledge of Greek by filling in the following application form.

Note: **The courses are offered free of charge.**

Name (First/Last):

Address:

Telephone:

Fax:

E-mail:

Name of the sending Institution:

Faculty/Dept:

Level: Beginners
Intermediate
(Please indicate)

Please return this form not later than the 1st of OCTOBER

To: National Technical University of Athens, LLP/Erasmus Office
9, Heroon Polytechneiou Str., Zografou Campus, 15780 Athens, Greece

Tel : +30 210 772 4172, Fax: +30 210 772 1949, Email: eeskorda@central.ntua.gr



APPLICATION FORM



GREEK COURSES SPRING SEMESTER

In order to organize everything properly, you are kindly requested to confirm your interest in taking part in one of our courses for the spring semester and to mention your level of knowledge of Greek by filling in the following application form.

Note: The courses are offered free of charge.

Name (First/Last):

Address:

Telephone:

Fax:

E-mail:

Name of the sending Institution:

Faculty/Dept:

Level: Beginners
Intermediate
(Please indicate)

Please return this form not later than the 1st of MARCH

To: National Technical University of Athens, Erasmus Office
9, Heroon Polytechniou Str., Zografou Campus, 15780 Athens, Greece

Tel : +30 210 772 4172, Fax: +30 210 772 1949, Email: eeskorda@central.ntua.gr



APPLICATION FORM FOR ACCOMMODATION

Please send this application one month before arriving to Athens.

Date:.....

Surname:
Firstname:
Date of Birth(dd/mm/yyyy):.....
Gender: Nationality:
Passport Identity Card Number:
Home University:.....
Host University:.....
Host School:.....
Date of arrival:
Date of departure.....
e-mail:

Special requirements:

.....
.....
.....
.....
.....



**Higher Education
Learning Agreement form**
Student's name

Erasmus+
