APPLICATION FORM ACADEMIC YEAR 2024 – 2025

**FIELD OF STUDY**: …………………………………………………………………………..

**STUDENT’S INFORMATION**

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

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

#### **EXCHANGE’S DETAILS**

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|  | |  | | | | | | |  | |  | | | | | | |
| 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) | | | | |  | A (Advanced) | | | | |  | D (doctoral) | | | |  |
| Period of exchange | | | Months: | |  | | From: | | |  | | | To: | |  | | |
| ***Host Faculty/Dept*** : | | | |  | | | | | | | | | | | | | |
| Name of Supervisor or contact at N.T.U.A. | | | | | | | | | | Mrs K. BAKOU | | | | | | | |
|  | |  | | | | | |  | | | | | |  | | | |

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

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|  |  | |  |  | |
| Greek Language Course for Incoming Students Please fill with an x if interested [ ] | | | | | |
|  |  |  | | |  |

The Greek Language Course is offered free of charge.

###### STUDENT’S SIGNATURE

Date:………………….. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### COORDINATOR’S SIGNATURE

**Date:………………….. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Stamp:**