APPLICATION FORM ACADEMIC YEAR 2024 – 2025

**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) |  |  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.

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |
| 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:**