PROGRAMME ERASMUS +
STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR: 20…... / 20…..
FIELD OF STUDY: ……

SENDING INSTITUTION: ATHENS UNIVERSITY OF ECONOMICS AND BUSINESS,
76 Patission str., 10434, ATHENS, GREECE
Erasmus Charter for Higher Education: 29089-LA-1-2014-1-GR-E4AKA1-ECHE
Erasmus ID code: G ATHINE04
Departmental coordinators – name, telephone and telefax numbers, e-mail :
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Institutional coordinator – name, telephone and telefax numbers, e-mail :
Katerina Galanaki, Tel. Nr.: + 30 210 8203250, Fax Nr. : +30 210 8228 419, e-mail: galanaki@aueb.gr

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

Family name :	**First name (s) :**
Date of birth :	
Sex : M ☐ / F ☐ Nationality :	**Place of birth :**
Email address:	
Current address :	**Permanent address (if different) :**
Current address is valid until :	
Tel. nr (incl. country code nr.):	**Tel. nr (incl. country code nr.):**

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):

Institution	Country	Period of study		Duration of stay (months)	No. of expected ECTS credits
		From	To		
1.					
2.					
3.					

Name of student:

Sending institution : ATHENS UNIVERSITY OF ECONOMICS AND BUSINESS **Country** : GREECE
Briefly state the reasons why you wish to study abroad:

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LANGUAGE COMPETENCE

Mother tongue : ……..... **Language of instruction at home institution (if different): GR** ☐ **EN** ☐

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**

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm / Organization	Dates	Country

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying :

☐ **PTYCHIO (Bachelor of 4 years - 240 ECTS)**
☐ **MASTER (4 semesters - 120 ECTS)**
☐ **MASTER (3 semesters - 90 ECTS)**
☐ **MASTER (2 semesters - 60 ECTS)**
☐ **MASTER (1 academic year - 75 ECTS)**
☐ **DOCTORAL degree**

Number of higher education study years prior to departure abroad (min 1): ……..

Have you already been studying abroad? Yes ☐ **No** ☐
If Yes, when ? at which institution ? ……..

Student's Signature…… **Date:**……..

RECEIVING INSTITUTION
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**
☐ **not accepted at our institution**

Departmental coordinator's signature **Institutional coordinator's signature**

…….. …….. ……
Date : ……..…… **Date** : ……..……..