



ARISTOTLE UNIVERSITY OF THESSALONIKI

(Photograph)

ECTS - EUROPEAN CREDIT TRANSFER SYSTEM
STUDENT APPLICATION FORM

ACADEMIC YEAR 2008/2009

FIELD OF STUDY:(subject area:)

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

SENDING INSTITUTION

Name and full address:

Department coordinator - name, telephone and telefax numbers, e-mail box:

Institutional coordinator - name, telephone and telefax numbers, e-mail box:

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

Family name: First name (s):

Date of birth:

Sex:Nationality:.....

Place of Birth:

Current address: Permanent address (if different):

Current address is valid until:

Tel.: Tel.:

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

Table with 5 columns: Institution, Country, Period of study (From to), Duration of stay (months), N° of expected ECTS credits. Row 1: 1 ARISTOTLE UNIVERSITY OF THESSALONIKI, GREECE,,,,

Name of student:

Sending institution:..... Country:.....

Briefly state the reasons why you wish to study abroad?

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

LANGUAGE COMPETENCE

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
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	Dates	Country
.....
.....

PREVIOUS AND CURRENT STUDY

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 provided are at a later stage.

RECEIVING INSTITUTION (ARISTOTLE UNIVERSITY OF THESSALONIKI G THESSAL01)

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

..... K. TSINARI-KONTOU

Date: Date: