



## PROGRAMME ERASMUS + STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR: 2019-2020

FIELD OF STUDY: ACCOUNTING & FINANCE

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 number, e-mail:

Eftixios Demoirakos (A-Λ), Tel. Nr.: + 30210 8203442, e-mail: demirakos@aueb.gr

Georgios Chalamandaris (M-Ω), Tel.Nr.: +30218203392, e-mail: gchalamandaris@aueb.gr

Contact person – name, telephone number, e-mail:

Stavrianna Stamatiou, Tel. Nr.: + 302108203302, e-mail: stavri@aueb.gr

## STUDENT'S PERSONAL DATA

(to be completed by the student applying)

| Family name:                               |                                   | First name (a)                     |                |                  |                 |  |  |
|--|-----------------------------------|------------------------------------|----------------|------------------|-----------------|--|--|
| 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 TI | HIS APPLICA                       | ATION FORM (i                      | n order of pre |                  |                 |  |  |
| Institution                                | Country                           | Period of study                    |                | Duration of stay | No. of expected |  |  |
|  | Country                           | From                               | То             | (months)         | ECTS credits    |  |  |
| 1.   |                                   |                                    |                |                  |                 |  |  |
|  |                                   |                                    |                |                  |                 |  |  |
| 2.   |                                   |                                    |                |                  |                 |  |  |
| 3.   |                                   |                                    |                |                  |                 |  |  |

| Name of student:  |   |                      |   |                 |           |                         |                                      |  |
|---|---|----------------------|---|-----------------|-----------|-------------------------|--------------------------------------|--|
| Sending institution : ATHE<br>Briefly state the reasons w |   |                      | AND BUSINES                                   | S Countr        | ry : GR   | EECE                    |                                      |  |
|   |   |                      |   |                 |           |                         |                                      |  |
|   |   |                      |   |                 |           |                         |                                      |  |
|   |   |                      |   |                 |           |                         |                                      |  |
|   |   |                      |   |                 |           |                         |                                      |  |
|   | •••••   |                      |   |                 |           |                         |                                      |  |
| LANGUAGE COMPETENCE                                       |   |                      |   |                 |           |                         |                                      |  |
| Mother tongue:  | Langua  | ge of instruction    | on at home in                                 | stitutior       | ı (if dit | fferent): GR            | □ EN □                               |  |
| Other languages I am currently langu                      |   | studying this        | l have sufficient knowledç<br>follow lectures |                 |           |                         | ve sufficient<br>ollow lectures if I |  |
|   | YES   | NO                   | YES   | NC              | )         | YES                     | NO NO                                |  |
|   |   |                      |   |                 |           |                         |                                      |  |
|   |   |                      |   |                 |           |                         |                                      |  |
| MODIC EVDEDIENCE DEL ATE                                  |   | CTUDY ('Garate       | 1)  |                 |           |                         |                                      |  |
| WORK EXPERIENCE RELATE  Type of work expe                 |   | · ·                  | vanı)<br>Organization                         |                 |           | Dates                   | Country                              |  |
| Type of Work exper  | Ticricc   | Tillii/ Organization |   |                 | Dates     |                         |                                      |  |
|   |   |                      |   |                 |           |                         |                                      |  |
|   |   |                      |   |                 |           |                         |                                      |  |
|   |   |                      |   |                 |           |                         |                                      |  |
| PREVIOUS AND CURRENT S                                    | TUDY  |                      |   |                 |           |                         |                                      |  |
| Diploma/degree for which                                  |   | tly studying :       |   |                 |           |                         |                                      |  |
| ☑ PTYCHIO (Bachelor of 4                                  | years - 240 ECT   | -S)                  |   | //ASTER (       | (4 sem    | esters - 120 E          | CTS)                                 |  |
| ☐ MASTER (3 semesters -                                   | ☐ MASTER (3 semesters - 90 ECTS) ☐ MASTER (2 semesters - 60 ECTS) |                      |   |                 |           |                         |                                      |  |
| ☐ MASTER (1 academic ye                                   | ear - 75 ECTS)  |                      |   | OCTORA          | AL dec    | gree                    |                                      |  |
| Number of higher education                                | ·   | orior to depart      |   |                 |           |                         |                                      |  |
| Have you already been stu                                 |   | ·                    | No □  | ,               |           |                         |                                      |  |
| If Yes, when?at which Ins                                 | stitution?  |                      |   |                 |           |                         | ••••                                 |  |
|   |   |                      |   |                 |           |                         |                                      |  |
| Student's Signature                                       |   |                      |   | Da              | te:       |                         |                                      |  |
| RECEIVING INSTITUTION                                     | !   |                      |   |                 |           | . 1.1                   |                                      |  |
| We hereby acknowledge r<br>Transcript of records.         | eceipt of the ap  | plication, the p     | proposed lear                                 | ning <b>agi</b> | reeme     | ent and the ca          | ndidate's                            |  |
| The above-mentioned stu                                   | dent is   | _                    |   |                 |           |                         |                                      |  |
|   |   |                      | provisionally<br>not accepted                 |                 |           | our institutior<br>tion | 1                                    |  |
| Departmental coordinato                                   | r's signature   | Institu              | tional coordi                                 |                 |           |                         |                                      |  |
|   | -   |                      |   |                 | J         |                         |                                      |  |
| Date:   |   | Ds                   | <br>nte:                                      |                 |           |                         | • • • • • • • • • • •                |  |