



PROGRAMME ERASMUS + STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR: 2019 / 2020

FIELD OF STUDY:

SENDING INSTITUTION: ATHENS UNIVERSITY OF ECONOMICS AND BUSINESS, Department ACCOUNTING & FINANCE
 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 :

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name :	First name (s) :
Date of birth :	
Sex : M <input type="checkbox"/> / F <input type="checkbox"/> 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:

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**

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 Date : Date :