PROGRAMME ERASMUS +
STUDENT APPLICATION FORM

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:
Miaouli A., Associate Professor, Tel. +30-210-8203447, Fax: +30-210-8203301, e.mail.: Miaouli@aueb.gr

Institutional coordinator – name, telephone and telefax numbers, e-mail:
Vassiliki Papavasileiou, Tel. Nr.: + 30 210 8203250, Fax Nr.: +30 210 8228 419, e-mail: vikipap@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):

<table>
<thead>
<tr>
<th>Institution</th>
<th>Country</th>
<th>Period of study</th>
<th>Duration of stay (months)</th>
<th>No. of expected ECTS credits</th>
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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 [ ]

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<tr>
<th>Other languages</th>
<th>I am currently studying this language</th>
<th>I have sufficient knowledge to follow lectures</th>
<th>I would have sufficient knowledge to follow lectures if I had some extra preparation</th>
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<tr>
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<td>YES [ ] NO [ ]</td>
<td>YES [ ] NO [ ]</td>
<td>YES [ ] NO [ ]</td>
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WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

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<th>Type of work experience</th>
<th>Firm / Organization</th>
<th>Dates</th>
<th>Country</th>
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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: ………………………………………………………………………………………………………………………