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EXPRESSION OF INTEREST FORM FOR THE ACADEMIC YEAR 2018-2019

- FULL TIME PROGRAM
 PART-TIME PROGRAM

Photo

PERSONAL INFORMATION

1. Full name: _____
last name first name father's name
2. Date of birth: _____ Place of birth: _____
day month year city country
3. Female: Male:
4. Permanent address: _____
number street city state of province country postal code
5. Reply address (if different from the permanent one): _____
number street city state of province country postal code
6. Daytime phone: _____ Evening phone: _____
country code area/city code number country code area/city code number
7. Fax number: _____ E-mail address: _____
country code area/city code number
8. (OPTIONAL) Marital status: Single Married Number of Children _____
9. Nationality: _____ Native Language: _____
10. Residence/Visa status: I am an EU citizen I am a legal resident of Greece I am neither

EDUCATION

<i>Institution and Country</i>	<i>Subject</i>	<i>Degree</i>	<i>GPA</i>	<i>Study Period</i>	<i>Graduation Date</i>

Major Field(s) of study

SCIENCE & ENGINEERING	ECONOMICS & BUSINESS
<input type="checkbox"/> Computer Science/Computer Engineering	<input type="checkbox"/> Economics
<input type="checkbox"/> Mathematics/Statistics	<input type="checkbox"/> Finance
<input type="checkbox"/> Operations Research	
<input type="checkbox"/> Electrical Engineering	
<input type="checkbox"/> Mechanical Engineering	<input type="checkbox"/> OTHER (Explain below)
<input type="checkbox"/> Physics	

RECOMMENDATION LETTERS (Please list below the people you have requested a recommendation letter from)

	Name	Title	Company/Institution	Address	City	Postal Code	Tel.
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____

FOREIGN LANGUAGES

<i>Language</i>	<i>Years of Study</i>	<i>Diploma</i>	<i>Date of Diploma</i>

TESTS

GRE : Date taken or to be taken: _____ Score: _____

TOEFL: Date taken or to be taken: _____ Score: _____

IELTS: Date taken or to be taken: _____ Score: _____

WORK EXPERIENCE

Please list your work experience in chronological order starting from the most recent one.
 Please note that **at least two years of full time professional experience are required for admittance to the PART TIME program.**

<i>Company</i>	<i>Country</i>	<i>Period</i>	<i>Title</i>	<i>Gross Annual Salary (opt.)</i>

MOST RECENT FULL-TIME POSITION

<i>COMPANY OR ORGANIZATION</i> NAME					
STREET					
TOWN		POSTAL CODE		COUNTRY	
TELEPHONE			FAX		
Country Code	Area Code	Number	Country Code	Area Code	Number
SECTOR OF ACTIVITY			NUMBER OF EMPLOYEES		
DEPARTMENT			ANNUAL TURNOVER		

RESEARCH EXPERIENCE AND PUBLICATION

Please provide a short description of your research experience (if any), and mention any publications. Use additional sheets of paper if necessary.

ACADEMIC HONORS OR AWARDS RECEIVED

INTERNATIONAL EXPOSURE

Please list your most important experiences in studying, living, working, or traveling outside your own country

Country	Activity	Period

Please explain how these experiences have contributed towards improving you as a person as well as a professional. Please also describe any international professional objectives you might have.

WORK EXPERIENCE

(FOR PART-TIME PROGRAM: REQUIRED – FOR FULL-TIME PROGRAM: OPTIONAL)

1. Please give a detailed description of your most recent job, including nature of work, major responsibilities, and, where relevant, employees under your supervision, size of budget, number of clients/products and results achieved.

2. If you were to remain with your present employer, what would be your next step in terms of position?
