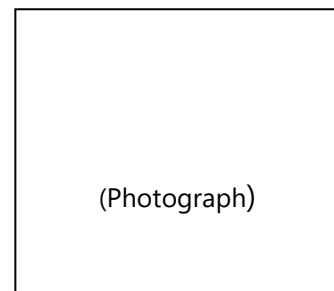




PROGRAMME ERASMUS + STUDENT APPLICATION FORM



ACADEMIC YEAR: 2021/ 2022
FIELD OF STUDY: STATISTICS

SENDING INSTITUTION: ATHENS UNIVERSITY OF ECONOMICS AND BUSINESS,
76 Patisson str., 10434, ATHENS, GREECE
Erasmus Charter for Higher Education: 29089-LA-1-2014-1-GR-E4AKA1-ECHE
Erasmus ID code: G ATHINE04
Departmental coordinator – name, telephone and telefax numbers, e-mail :

Contact person – name, telephone and telefax numbers, e-mail :
Sofia Anastasiou, Tel. Nr.: + 30 210 8203113, e-mail: sofiaana@aueb.gr

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

.....
Date :

.....
Date :