

# PROGRAMME ERASMUS + STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR: 2022-2023  
 FIELD OF STUDY: STATISTICS

**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 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)

<b>Family name :</b>	<b>First name (s) :</b>
<b>Date of birth :</b>	
<b>Sex : M <input type="checkbox"/> / F <input type="checkbox"/> Nationality :</b>	<b>Place of birth :</b>
<b>Email address:</b>	
<b>Current address :</b>	<b>Permanent address (if different) :</b>
<b>Current address is valid until :</b>	
<b>Tel. nr (incl. country code nr.):</b>	<b>Tel. nr (incl. country code nr.):</b>

## 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.					
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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

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 :** .....