

**Student Application Form**

Academic Year:Select Academic YearSelect Semester

Field of Study: Insert FoS

|  |  |  |
| --- | --- | --- |
| **Sending Institution Data** | | |
| Sending Institution: Sending Institution Name | | |
| Erasmus Code: EC | Department of study: Insert Department Name | |
| Institution Address: Institution Full Address | | |
| Department Coordinator  Name : Name  Telephone : Telephone Number  e-mail : email | | International Office Coordinator  Name : Name  Telephone : Telephone Number  e-mail : email |

|  |  |  |
| --- | --- | --- |
| **Student Personal Data** | | |
| Family name: Family Name | | First name: First Name |
| Date of Birth: Select DoB | Sex: Select | Nationality: Nationality |
| Address: Home Full Address | | |
| Telephone: Telephone Number | | e-mail: Personal email |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language Competence** | | | | |
| Mother tongue: Language  Language of instruction at home Institution: Institution Taught Language | | | | |
|  | | | | |
| Language | **Good** | **Very Good** | **Perfect** | **Degree** |
| English |  |  |  | Degree Title |
| French |  |  |  | Degree Title |
| German |  |  |  | Degree Title |
| Spanish |  |  |  | Degree Title |
| Other (specify) |  |  |  | Degree Title |

|  |  |
| --- | --- |
| **Previous And Current Studies** | |
| Diploma/Degree for which you are already studying: Insert Degree Name | |
| Number of higher education study years prior to departure abroad: Select | |
| Have you already been studying abroad: Select | If yes when: Select |
| At which Institution: Institution Name | |

|  |  |
| --- | --- |
| **Receiving Institution\*** | |
| Receiving Institution: **International Hellenic University – Alexander Campus**  *We hereby**acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records* | |
| The above mentioned student is at our Institution  *accepted / not accepted* | |
| Departmental coordinator  *Name and Signature*  Institutional coordinator  *Name and Signature* | |
| Date | Date |

*\*to be filled in by the receiving institution*