

**Student Application Form**

Academic Year:Select Academic YearSelect Semester

Field of Study: Insert FoS

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| **Sending Institution Data** |
| Sending Institution: Sending Institution Name |
| Erasmus Code: EC | Department of study: Insert Department Name |
| Institution Address: Institution Full Address |
| Department CoordinatorName : NameTelephone : Telephone Numbere-mail : email | International Office CoordinatorName : NameTelephone : Telephone Numbere-mail : email |

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| **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 |

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

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| **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 |

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| **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*