

**APPLICATION**

LAST NAME:  
FIRST NAME:  
FATHER'S NAME:  
DATE OF BIRTH:  
INSTITUTION:  
POSITION:  
ID CARD No/PASSPORT No:  
Email:  
TELEPHONE:

**Subject:** *Application for the position of external member of the Administrative Council of the International Hellenic University (IHU)*

**Attachments:**

- a. Copy of Identity Card or Copy of Passport
- b. Full Curriculum Vitae
- c. Supporting documents or material (*optional*)
- d. Letter of expression of interest for selection to the position of external member (*optional*)

**SUBMITTED TO  
The International Hellenic  
University (IHU)**

With the present application:

**A)** I submit my application for the position of external member of the Administrative Council of the IHU, in accordance with the current legislation, in the context of the international open call with number ..... for the selection and appointment of the external members of the Administrative Council of the IHU.

**B)** I accept the terms of participation in this call and declare that I am aware of the obligations arising from the status of an external member in the event of my election, as well as the responsibilities exercised by the Administrative Council of the IHU, in accordance with the provisions of Law 4957/2022.

**C)** I declare that I consent to the collection and processing of my personal data, as stated in this call and in the supporting documents submitted with it, exclusively for the evaluation of my application in the context of the international open call with number .....

*Place / Date*

*Applicant's Name and Signature*