UNIVERSITY OF THESSALY 

**STUDENT APPLICATION FORM** (Photo)

ACADEMIC YEAR 20 \_ / 20 \_

SENDING INSTITUTION:

ERASMUS CODE:

Contact person in the International Office of the Sending Institute:  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
tel.number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Personal Data:  
Last Name: First Name:

Date of Birth: Sex:

Nationality: Tel number:

Mobile: e-mail:

Permanent Address:

Academic Data:  
Department:   
Period of stay: 🞎 WS 🞎 SS 🞎 Full Year

Have you already been an Erasmus student before? 🞎 Yes 🞎 No

If Yes, for 🞎 Studies 🞎 Placement

**LANGUAGE COMPETENCE**

**In English** (required) 🞎 B1 🞎 B2 🞎 C1 🞎 C2

**In Greek** (if any) 🞎 A1 🞎 A2 🞎 B1 🞎 B2   
 *We hereby acknowledge the candidate’s application and the proposed learning agreement.*

|  |  |  |
| --- | --- | --- |
| Student’s Signature  Date: | Sending Institution  International Relations  Office  Date: | Host University  International Relations  Office  Date: |