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:

Father’s Name: Mother’s Name:

Date of Birth: Sex:

ID/ Passport Number: Nationality:

Home Tel. number: Mobile:

Permanent Address:

e-mail:

Academic Data:  
Department:

Cycle of Studies: 🞎 undergraduate 🞎 postgraduate 🞎 doctorate   
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/According to Bilateral) 🞎 B1 🞎 B2 🞎 C1 🞎 C2

**In Greek** (if any) 🞎 A1 🞎 A2 🞎 B1 🞎 B2

Student’s Signature: Date: