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| **STUDENT APPLICATION FORM**  **ACADEMIC YEAR 20 \_\_\_ / 20 \_\_\_**  **BIP Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **SENDING INSTITUTION:**  **ERASMUS CODE:** | | | | | | | | | |
| **Contact person in the International Office of the Sending Institute** | | | | | | | | | |
| Name: | | | | | | | | | |
| e-mail: | | | | | tel. number: | | | | |
| **Student’s Data:** | | | | | | | | | |
| Last Name: | | | | | First Name: | | | | |
| Father’s First Name: | | | | | Mother’s First Name: | | | | |
| Date of Birth: | | | | | Sex: | | | | |
| Nationality: | | | | | ID/Passport: | | | | |
| Mobile: | | | | | e-mail: | | | | |
| **Home Address (permanent)** | | | | | | | | | |
| Country: | | | | | City: | | | | |
| Street: | | | | | Postal code: | | | | |
| **Individual with Special Needs** | | | ☐ Yes | | | | ☐ No | | |
| **Level of studies:** | ☐ Bachelor | | | | ☐ Master | | | ☐ Doctorate | |
| [**Language Competence**](http://erasmus.uth.gr/en/studies-en/teaching-language) | | ☐ B1 | | ☐ B2 | | ☐ C1 | | | ☐ C2 |
| Student’s Signature | | | | | Sending Institution’s Signature | | | | |
|  | | | | |  | | | | |
| Date: | | | | | Date: | | | | |