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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: |