**Student Information**

Family Name: First Name:

Father’s First Name: Mother’s First Name:

Date of Birth: Sex:

ID or Passport number: Nationality:

E-mail:

Permanent Address:   
(street, number, postal code, city, country):

Home Telephone number:

Current Address (in Greece):

Mobile phone number (in Greece):

Home Institution:   
(Name, Erasmus code, Department)

Responsible person at Home Institution:

E-mail:

Telephone number:

Type of studies:   
(studies, placement, combination):

Cycle of studies:  
(undergraduate, postgraduate, doctorate)

Other participation as an Erasmus student: □ YES □ NO

Your studies at the University of Thessaly:   
Academic Year:  
□ Winter Semester □ Spring Semester □ Full Year

Do you wish to attend Greek language courses: □ YES □ NO

Teaching Language: ENGLISH B1

Student Signature:

Date: