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(Photograph)

**UNIVERSITY OF THE PELOPONNESE-G TRIPOLI03**

### STUDENT APPLICATION FORM

**ACADEMIC YEAR:**

FIELD OF STUDY:…………………………………………………….

 This application should be completed in BLACK and BLOCK letters in order to be easily copied and/or telefaxed.

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| SENDING INSTITUTION: Name and full address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Departmental coordinator – name, telephone and fax numbers, e-mail** :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Institutional coordinator – name, telephone and fax numbers, e-mail** : |

## STUDENT’S PERSONAL DATA

## (to be completed by the student applying)

|  |  |
| --- | --- |
| **Family name**: …………………………………….. | **First name (s)**: …………………………………. |
| **Date of birth**: …………………………………….. | **Place of birth**:………………………………….. |
| **Sex**: M /F…. **Nationality**: ………………… | ……………………………………………………… |
| **e-mail address:**……………………………………. | **Year of studies:**………………………………… |
| **Current address**: ………………………………… | **Permanent address (if different)**: ………… |
| ………………………………………………………... | ……………………………………………………… |
| ………………………………………………………... | ……………………………………………………… |
| ………………………………………………………… | ……………………………………………………. |
| **Current address is valid until**: ……………… | ……………………………………………………… |
| **Tel. no (incl. country code nr.)**: …………….. | **Tel**: ……………………………………………… |

## LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Country | **Period of study** | Duration of stay (months) | No. of expected ECTS credits |
| **From** | **To** |
| 1.……………………………….………….…. | ……… | ………. | ……….. | ………… | ……………… |
| 2. ………………………………………….…. | ..……. | ……….. | ……….. | ………… | ……………… |
| 3. ………………………………………….…. | ……… | ……….. | ……….. | ………… | ……………… |

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| **Name of student:** …………………………………………………………………………………………………… |
| **Sending institution** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Country** : \_\_\_\_\_\_\_\_\_\_\_  |
|  |
| **Briefly state the reasons why you wish to study abroad**:………………………...…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

## LANGUAGE COMPETENCE

## Note: A proof of knowledge of the receiving institution’s language of instruction

## should be submitted

|  |
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| **Mother tongue**: …………………**Language of instruction at home institution (if different):** ………………. |
| Other languages  | **I have sufficient knowledge to follow lectures** |  **I need some extra preparation** |
| ……………………………………………………………………………………………………………………………..……………………………………….. | **YES** | **NO** | **YES** | **NO** |
| 🞐🞐🞐🞐 | 🞐🞐🞐🞐 | 🞐🞐🞐🞐 | 🞐🞐🞐🞐 |

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

|  |  |  |  |
| --- | --- | --- | --- |
| Work experience / position……………………………………………………………………………………… | Firm /organization……………………………………………….……………………………………………………………………………………………… | Dates……………………………………………………………… | Country………………...………………………………. |

## PREVIOUS AND CURRENT STUDY

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| --- |
| **Diploma/degree for which you are currently studying**: ……………………………………………………**Number of higher education study years prior to departure abroad**: …………………………………..**Have you already been studying abroad? Yes** 🞐 **No** 🞐**If Yes, when? at which institution ?** …………………………………………………………………………..**The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.** |

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| **Student’s Signature**……………………………………………………………… **Date:**……………………..  |
| RECEIVING INSTITUTION**We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records.** **The above-mentioned student is** 🞐 **provisionally accepted at our institution**  🞐 **not accepted at our institution** **Departmental coordinator’s signature** **Institutional coordinator’s signature** …………………………………….. …….. ………………………………………………………………………**Date**: ……………………………… **Date**: ………………………………….………………………….. |