 **ARISTOTLE UNIVERSITY OF THESSALONIKI**

**(Photograph)**

# STUDENT APPLICATION FORM

In the frame of the signed Agreement of Scientific Cooperation

between Aristotle University of Thessaloniki, GR and Universidad Nacional de Colombia-Bogotà, Colombia

**ACADEMIC YEAR 20…/20…**

**FIELD OF STUDY**: ..........................................(subject area: )

This application should be completed in BLACK in order to be easily copied and/or scanned.

|  |
| --- |
| **SENDING INSTITUTION**Name and full address: ................................................................................................................................................................................................................................................................................................................................................................................................... |

**STUDENT’S PERSONAL DATA** *(to be completed by the student applying)*

|  |  |
| --- | --- |
| Family name: .......................................................Date of birth: .......................................................Sex: ............Nationality:...................................Place of Birth: .....................................................Current address: ............................................................................................................................................................................................................................................................................................Current address is valid until: .............................Tel.: ..................................................................... | First name (s): .................................................................Permanent address (if different): ............................................................................................................................................................................................................................................................................................................................................................................................................Tel.: .................................................................................. |

**LIST OF INSTITUTIONS, WHICH WILL RECEIVE THIS APPLICATION FORM**

**(In order of preference):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Country | Period of studyFrom to | Duration of stay (months) | N° of expected ECTS credits |
| 1 ARISTOTLE UNIVERSITY OF THESSALONIKI2.............................….............3. …………………………… | GREECE.......................................... | ....................................... | ................................. | ......................................................... | ....................................................................................... |
| Name of student: ...............................................................................................................................................Sending institution:.................................................................................. Country:........................................... |

**LANGUAGE COMPETENCE**

|  |
| --- |
| Mother tongue: ................... Language of instruction at home institution (if different): .................................. |
| Other languages | I am currently studying this language | I have sufficient knowledge to follow lectures | I would have sufficient knowledge to follow lectures if I had some extra preparation |
|  | Yes | no | yes | no | yes | no |
| .............................................................................. | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 |

**PREVIOUS AND CURRENT STUDY**

|  |
| --- |
| 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 provided are at a later stage.** |

|  |  |
| --- | --- |
| Course unit title (as indicated in the information package)........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ | Number of ECTS credits.................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

|  |
| --- |
| **RECEIVING INSTITUTION (ARISTOTLE UNIVERSITY OF THESSALONIKI G THESSAL01)** |
| 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 institutionProfessor: …………………………….Function: ………………………………Date: ………………………………….. |
|  |