 **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.

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| --- |
| **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 study  From to | | Duration of stay (months) | N° of expected ECTS credits |
| 1 ARISTOTLE UNIVERSITY OF THESSALONIKI  2.............................….............  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  .............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  ....................................................... |

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| **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 institution  Professor: …………………………….  Function: ………………………………  Date: ………………………………….. |
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