

# PROGRAMME ERASMUS + STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR: 2018 / 2019

FIELD OF STUDY:

**SENDING INSTITUTION:** ATHENS UNIVERSITY OF ECONOMICS AND BUSINESS, Department ACCOUNTING & FINANCE  
 76 Patission str., 10434, ATHENS, GREECE  
 Erasmus Charter for Higher Education: 29089-LA-1-2014-1-GR-E4AKA1-ECHE  
 Erasmus ID code: G ATHINE04  
**Departmental coordinators – name, telephone and telefax numbers, e-mail :**  
 .....  
 .....  
 .....

## STUDENT'S PERSONAL DATA

(to be completed by the student applying)

<b>Family name :</b>	<b>First name (s) :</b>
<b>Date of birth :</b>	
<b>Sex : M <input type="checkbox"/> / F <input type="checkbox"/> Nationality :</b>	<b>Place of birth :</b>
<b>Email address:</b>	
<b>Current address :</b>	<b>Permanent address (if different) :</b>
<b>Current address is valid until :</b>	
<b>Tel. nr (incl. country code nr.):</b>	<b>Tel. nr (incl. country code nr.):</b>

## 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.					

**Name of student:**

**Sending institution :** ATHENS UNIVERSITY OF ECONOMICS AND BUSINESS **Country :** GREECE  
**Briefly state the reasons why you wish to study abroad:**

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**LANGUAGE COMPETENCE**

**Mother tongue :** ..... **Language of instruction at home institution (if different):** GR  EN

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

**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)**

Type of work experience	Firm / Organization	Dates	Country

**PREVIOUS AND CURRENT STUDY**

**Diploma/degree for which you are currently studying :**

PTYCHIO (Bachelor of 4 years - 240 ECTS)  MASTER (4 semesters - 120 ECTS)

MASTER (3 semesters - 90 ECTS)  MASTER (2 semesters - 60 ECTS)

MASTER (1 academic year - 75 ECTS)  DOCTORAL degree

**Number of higher education study years prior to departure abroad (min 1):** .....

**Have you already been studying abroad? Yes**  **No**

**If Yes, when ? at which institution ?** .....

**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:** .....