



Erasmus+



# PROGRAMME ERASMUS + STUDENT APPLICATION FORM

ACADEMIC YEAR: 2014 / 2015

FIELD OF STUDY: INFORMATICS / COMPUTER SCIENCE.....

(Photograph)

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

**SENDING INSTITUTION:** ATHENS UNIVERSITY OF ECONOMICS & BUSINESS,  
76 Patission str., 10434, ATHENS, GREECE

**Departmental coordinator – name, telephone and telefax numbers, e-mail :**

Eugenie Foustoukou - tel.: +30 210 8203577, Fax : +30 210 8226105, e-mail: eugenie@aueb.gr

**Institutional coordinator – name, telephone and telefax numbers, e-mail :**

Katerina Galanaki, Tel. Nr.: + 30 210 8203250, Fax Nr. : +30 210 8228 419, e-mail: [galanaki@aueb.gr](mailto:galanaki@aueb.gr)

## STUDENT'S PERSONAL DATA

(to be completed by the student applying)

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

