**STUDENT APPLICATION FORM**

|  |  |
| --- | --- |
| **ACADEMIC YEAR:** |  |
| **FIELD OF STUDY:** |  |

**SENDING INSTITUTION**

|  |  |
| --- | --- |
| Name and full address |  |
|  |
| Contact person (name, telephone e-mail) |  |
|  |

**STUDENT’S PERSONAL DATA**

|  |  |
| --- | --- |
| Family name |  |
| First name(s) |  |
| Date of birth |  |
| Gender |  |
| Nationality |  |
| Current address |  |
| Telephone |  |
| Email |  |

**PLEASE SELECT IN WHICH DEPARTMENT YOU WILL STUDY IN UNIVERSITY OF WEST ATTICA**

|  |  |  |
| --- | --- | --- |
| **FACULTY OF ENGINEERING** | Department of Electrical and Electronics Engineering | 🞏 |
| Department of Biomedical Engineering | 🞏 |
| Department of Industrial Design and Production Engineering |  |
| Department of Informatics and Computer Engineering |  |
| Department of Surveying and Geoinformatics Engineering |  |
| Department of Mechanical Engineering |  |
| Department of Naval Architecture Engineering |  |
| Department of Civil Engineering |  |
|  |  |  |
| **FACULTY OF BUSINESS, ECONOMICS & SOCIAL SCIENCES** | Department of Accounting and Finance | 🞏 |
| Department of Business Administration |  |
| Department of Tourism Management |  |
| Department of Social Work |  |
| Department of Archival, Library and Informatics Studies |  |
| Department of Early Childhood Education and Care |  |

**LANGUAGE COMPETENCE**

|  |  |
| --- | --- |
| Mother language |  |
| **Other languages** |
| ENGLISH | FRENCH | GERMAN | ITALIAN | SPANISH | RUSSIAN | OTHER |
|  |  |  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Type of work experience | Firm/organisation | Dates | Country |
|  |  |  |  |

**PREVIOUS AND CURRENT STUDY**

|  |  |
| --- | --- |
| Diploma/degree for which you are currently studying: |  |
| **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.** |

**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[[1]](#footnote-1)Prof.  | Institutional coordinator’s signature1Prof. Savvas Vassiliadis |
| Date: | Date: |

1. Scanned signatures are accepted [↑](#footnote-ref-1)