**STUDENT APPLICATION FORM**

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

**SENDING INSTITUTION**

|  |  |
| --- | --- |
| Name and full address | Name: |
| Address: |
| Erasmus Code: |
| Academic contact person (name, telephone e-mail) | Name: |
| E-mail: |
| Telephone: |
| Administrative contact person (name, telephone e-mail) | Name: |
| E-mail: |
| Telephone: |

**STUDENT’S PERSONAL DATA**

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

**\*PLEASE SELECT THE DEPARTMENT THAT YOU WILL BE REGISTERED IN UNIVERSITY OF WEST ATTICA (YOU ARE NOT ALLOWED TO TICK MORE THAN ONE CHECK BOX):**

|  |  |  |
| --- | --- | --- |
| **FACULTY OF APPLIED ARTS AND CULTURE** | Department of Graphic Design and Visual Communication | 🞏 |
| Department of Interior Architecture | 🞏 |
| Department of Conservation of Antiquities and Works of Art |  |
| Department of Photography and Audiovisual Arts |  |
|  |  |  |
| **FACULTY OF HEALTH AND CARE SCIENCES** | Department of Biomedical Sciences | 🞏 |
| Department of Public and Community Health |  |
| Department of Occupational Therapy |  |
| Department of Midwifery |  |
| Department of Nursing |  |
| Department of Physiotherapy |  |

|  |  |  |
| --- | --- | --- |
| **FACULTY OF FOOD SCIENCES** | Department of Food Science and Technology | 🞏 |
| Department of Wine, Vine and Beverage Sciences | 🞏 |

**LANGUAGE COMPETENCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ENGLISH | FRENCH | GERMAN | ITALIAN | SPANISH | OTHER |
|  |  |  |  |  |  |

 **CURRENT FIELD of STUDY**

|  |  |
| --- | --- |
| Field of study |  |
| Department |  |
| Level of study | Bachelor 🞏 Master 🞏 |
| The attached Transcript of Records includes full details of previous and current higher education study.  |