



ARISTOTLE
UNIVERSITY OF
THESSALONIKI



**Summer School
for students
from the Black Sea University Network (BSUN)**

**“Innovative Concepts for the Sustainable Development
of the Black Sea Region”.**

June 20- June 27, 2018 Possidi, Kalandra - Chalkidiki, Greece

STUDENT APPLICATION FORM

| |
|--------------|
| PHOTO |
|--------------|

PERSONAL Details

| | |
|---------------|--|
| First Name | |
| Middle Name | |
| Last Name | |
| Date of Birth | |

| |
|---------------------------------|
| <input type="checkbox"/> Male |
| <input type="checkbox"/> Female |

Please complete the Nr of the document by which you are going to travel

| | |
|--|------------------|
| Passport Nr | Identity card Nr |
| Origin (as it is mentioned at the document) | |
| Will you need visa for visiting Greece? | |

CONTACT details

| | |
|--|-------------------------------------|
| Full Post Mail Address | |
| Full Home Post Mail address (if different) | |
| Emailing Address(es): | |
| ☎ Mobile Tel. Nr (with country code) |/ (Country code) / (Tel nr) |

Contact person in case of emergency:

| | |
|---|--|
| Name | |
| e-mail Address | |
| ☎ Mobile Tel. Nr (with country code) | |
| Relationship to you | |

ACADEMIC Information

| | |
|--|--|
| Name of University | |
| City, Country | |
| Type of program which you follow (bachelor, master, doctoral) | |
| Year of study | |

IV. Additional information

Indicate any special dietary needs or/and food preferences (if applicable):

.....

I understand and I accept that my name and contact information will be included to the list which will be given to all the participants of the event.

Pls note if disagree:.....

I agree to pay the relevant fees for my participation.

Date

Signature:.....