



**ALEXANDER TECHNOLOGICAL EDUCATIONAL INSTITUTE OF THESSALONIKI
ERASMUS OFFICE**

REGISTRATION FORM

PERSONAL DATA

Surname: _____

First name: _____

Sex: Male Female:

Date of Birth: _____

Home Address: _____

City: _____ Country: _____

Permanent Address (Greece): _____

E-mail: _____

STUDY DATA

Home Institution: _____

Department (Home Institution): _____

Depart. Erasmus Coordinator (Home Institution): _____

Department of Attendance (Receiving Institution): _____

Depart. Erasmus Coordinator (Receiving Institution): _____

Date of Arrival: _____

Date of Departure: _____