## CERTIFICATE of Nomination

## for

**ERASMUS+ International Mobility**

**Exchange Students**

# **for**

# Winter semester 2017/18(1 September 2017 to 31 January 2018)

# **Family name**: …………………………………………………………………………………………….…..

# **First name:** …………………………………………………… **Gender (m/f):** ………………...

**Date of birth (dd.mm.yyyy):** \_\_ \_\_ \_\_\_\_ **Nationality: .**…………..…..……

**Address**:……………………………………………………………………………………………………………

………………………………………………………………………………………………………………………….

**E-mail:** ….…………………………………………………………………………………………................

# **Nominated** by the Department of : …………………........................................................

# F**ield of study:** ..............................................................................................................

# Please indicate your field of study and the study level as agreed in the Inter-Institutional Agreement

# **🞏Bachelor 🞏Master 🞏PhD**

**Please note:** At many departments, the majority of courses is taught in Greek. If the student does not find a sufficient number of suitable English courses, a Greek level of at least B1/B2 is recommended.

**To be completed by the International Office at home institution:**

Coordinator’s name and position:.....................................................................................

Coordinator’s signature: ...................................................................................................

Date: ....................................... **Stamp** of home institution: