

General Application Form

Academic Year (YY/YY):

Name:

Surname:

Student ID:

Address

Str.:

Str. Number:

Postal Code:

City:

Mobile:

Home phone
number (optional):

e-mail:

Thermi,

The Applicant

Department: Science and Technology, UCIPS

Enrolment in:

To: The Secretariat of the Department **Science and Technology** of the **International Hellenic University**

Application Subject: