



ARISTOTLE
UNIVERSITY OF
THESSALONIKI

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**Working programme in the framework of scientific cooperation
concerning the visit of:**

1.	Name:		
2.	Surname:		
3.	E-mail:		
4.	Date of birth		
5.	Female <input type="checkbox"/> Male <input type="checkbox"/>		
6.	Scientific degree(s) and position held:		
7.	Working position (Faculty, School, Department, Laboratory, Clinic):		
8.	Knowledge of foreign languages:		
9.	Destination (Country-City-University)		
10.	Faculty, School, Department, Laboratory, Clinic of the host University:		
11.	Possible dates and duration of stay (two alternative dates):	a.:	
		b.:	
12.	Short description of lecture(s) and/or research activities:	a. Lecture(s):	
		b. Research activities:	
		c. Other scientific activities:	
13.	Names of possible academic contacts:		

Thessaloniki / /

(Signature)

Είναι υποχρεωτική η συμπλήρωση όλων των παραπάνω πεδίων. (Κατά προτίμηση ηλεκτρονικά)
Παρακαλείσθε να επισυνάψετε κάθε στοιχείο που θεωρείτε ότι υποστηρίζει την υποψηφιότητά σας.