Students' Halls of Residence – Aristotle University of Thessaloniki

PHOTO

APPLICATION FORM
FOR ACCEPTANCE IN THESSALONIKI'S STUDENTS' HALLS OF RESIDENCE

APPLICANT'S DETAILS

LAST NAME					
FIRST NAME			FATHER'S NAME		
DATE OF BIRTH		PLACE OF BIRTH			
ID NUMBER		TYPE OF ID (PASSPORT ETC.)			
FACULTY		SCHOOL		YEAR OF STUDIES	
LANDLINE PHONE (IF ANY)		MOBILE PHONE			
I ALREADY HAVE A DEGREE FROM OTHER HIGHER-LEVEL INSTITUTION		YES ☐ NO ☐			
I AM ALREADY ACCOMODATING IN OTHER STUDENTS HALL OF RESIDENCE		YES ☐ NO ☐			

PARENTAL DETAILS

FATHER'S PROFESSION		MOTHER'S PROFESSION			
PARENTS' ADDRESS					
CITY		COUNTRY		P.O. CODE	
PHONE		WHO TO CONTACT IN CASE OF EMERGENCY (FATHER, MOTHER, BROTHER, OTHER ETC.)			

ATTACHED DOCUMENTS
(it will be filled by the office – PLEASE do not fill)

ΒΕΒΑΙΩΣΗ ΣΠΟΥΔΩΝ..... ☐
ΕΚΚΑΘΑΡΙΣΤΙΚΟ ΕΦΟΡΙΑΣ..... ☐
ΠΙΣΤΟΠ. ΟΙΚΟΓΕΝ. ΚΑΤΑΣΤΑΣΗΣ..... ☐
ΦΩΤΟΤ. ΑΣΤΥΝ ΤΑΥΤΟΤΗΤΑΣ..... ☐
ΥΠΕΥΘΥΝΗ ΔΗΛΩΣΗ..... ☐
PHOTOGRAPHS..... ☐
ΑΔΕΙΑ ΠΑΡΑΜΟΝΗΣ (ΓΙΑ ΑΛΛΟΔΑΠΟΥΣ) ☐
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..... ☐
..... ☐

I haven't applied to other Students' Halls of Residence for accommodation ☐

I am aware of AUTH's Students' Halls of Residence Regulations ☐

Applicant's Signature

Thessaloniki, ___ / ___ / _____ _____

ΔΙΕΥΘΥΝΣΗ Φ. Ε. Θ.
ΣΤΙΛΠΩΝΟΣ ΚΥΡΙΑΚΙΔΗ 17, 54636 ΘΕΣΣΑΛΟΝΙΚΗ, ΤΗΛ. 2310 210315, FAX. 2310 210370
EMAIL: office-feth@auth.gr, URL: www.auth.gr/units/3409