



ARISTOTLE
UNIVERSITY OF
THESSALONIKI

Department of European
Educational Programmes



S.U.C.RE. Logo Competition Form

Personal Information (repeat page in case of group submission)

Full Name: _____ Date of birth: _____
Last First

Current Address: _____
Street Address

_____ *City State ZIP Code*

Phone: _____ Email _____

Department at AUTH: _____ School at AUTH: _____

Study Cycle: **Check (✓) as appropriate** Undergraduate: _____ Postgraduate: _____ PhD: _____

Year of Studies: _____

Disclaimer and Signature

I certify that the information I give are true and complete to the best of my knowledge.

Signature: _____ Date: _____