



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: _____