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**Department of European**

**Educational Programmes**

# S.U.C.RE. Logo Competition Form

## Personal Information (repeat page in case of group submission)

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| --- | --- | --- | --- | --- | --- |
| 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.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |