

APPLICATION FOR RECOGNITION OF AN INSTITUTION

APPLICATION

SURNAME :
NAME :
FATHER'S NAME :
MOTHER'S NAME :
DATE OF BIRTH :
PLACE OF BIRTH :
INSTITUTION YOU REPRESENT:
.....

IDENTIFICATION DATA

ID PASSPORT
NUMBER:
DATE OF ISSUE:
ISSUING AUTHORITY:

ADDRESS:
.....
CITY:
POSTAL CODE:
TELEPHONE NUMBER:
MOBILE PHONE NUMBER:

ATTACHMENTS

Handbook/ Catalog/ Bulletin
Translation of Handbook *(if not in English or French)*

Other Documents

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.....
.....

TO

The Administrative Board of Hellenic NARIC

Please initiate the necessary process for

a) The recognition of the **equivalence** of

.....
.....

(write the name of Institution, the city and country)

to the Greek Higher Educational Institutions.

b) The recognition of the **equivalence** of

.....
.....

(write the name of a Faculty/School/Department)

to the corresponding ones of the Greek Higher Educational Institutions.

Below, you may write the reason for which this recognition is required

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.....
.....

Athens, .. / . / 20..

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The applicant (signature)