



APPLICATION FOR DEGREE RECOGNITION

1 st Cycle Degree <input type="checkbox"/>	2 st Cycle Degree <input type="checkbox"/>	3 st Cycle Degree <input type="checkbox"/>	COEVALUATION <input type="checkbox"/>
SURNAME		NAME	
FATHER'S NAME		MOTHER'S NAME	
DATE OF BIRTH		PLACE OF BIRTH	
HOME ADDRESS		POSTAL CODE	
CITY		HOME PHONE	
MOBILE	EMAIL		
VAT	TAX AUTHORITY		
IDENTIFICATION DATA		ID <input type="checkbox"/>	PASSPORT <input type="checkbox"/>
NUMBER	DATE OF ISSUE		
ISSUING AUTHORITY			
TITLE TO BE RECOGNIZED			
UNIVERSITY			COUNTRY
DEGREE			
DURATION (YEARS)	CREDITS	BEGIN DATE	GRADUATION DATE
MODE OF STUDY	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	DISTANCE LEARNING <input type="checkbox"/>
TITLE TO BE RECOGNIZED (CO EVALUATION)			
UNIVERSITY			COUNTRY
DEGREE			
DURATION (YEARS)	CREDITS	BEGIN DATE	GRADUATION DATE
MODE OF STUDY	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	DISTANCE LEARNING <input type="checkbox"/>
Please initiate the necessary process for the recognition		of the equivalence of my degree	<input type="checkbox"/>
		of the equivalence and correspondence of my degree	<input type="checkbox"/>
Fill in the corresponding department of a Greek University:		UNIVERSITY <input type="checkbox"/>	
		T.E.I <input type="checkbox"/>	
MASTER <input type="checkbox"/>		PHD <input type="checkbox"/>	
ATTACHMENTS			
FEE <input type="checkbox"/>	OFFICIAL STATEMENT <input type="checkbox"/>	PENDING:	
DEGREE <input type="checkbox"/>	THESIS <input type="checkbox"/>		
HIGH SCHOOL DIPLOMA <input type="checkbox"/>			

SIGNATURE _____ DATE _____/_____/201