GREEK REPUBLIC UNIVERSITY OF THE PELOPONNESE



SCHOOL OF SOCIAL AND POLITICAL SCIENCES DEPARTMENT OF POLITICAL SCIENCE AND INTERNATIONAL RELATIONS

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APPLICATION

TO: THE STUDENT REGISTRY OF THE DEPARTMENT OF POLITICAL SCIENCE AND INTERNATIONAL RELATIONS

SURNAME:	Please delete me from the registers of the Department of
NAME:	Political Science and International Relations of the
FATHER'S NAME	University of the Peloponnese.
MOTHER'S NAME	
PLACE OF BIRTH:	Reason for Deletion:
DATE OF BIRTH:	1. Student Transfer
REGISTRATION No:	Department and University of Transfer:
YEAR OF FIRST REGISTRATION	
DEPARTMENT:	
PERMANENT ADDRESS	
DISTRICT:	2. Another reason:
STREET:	
NUMBER:PC:	
TELEPHONE:	
IDENTITY CARD DETAILS	
NUMBER:	Submission way of Student Identity Card and Academic
ISSUING AUTHORITY	Identity:
DATE OF ISSUE:	1. By post
DETAILS OF REPRESENTATIVE THAT SUBMITS THE STUDENT APPLICATION	2. In person
SURNAME:	I certify that I have no debts to Library of the
NAME:	<u>University of the Peloponnese</u>
IDENTITY CARD NUMBER:	
ISSUING AUTHORITY:	(signature)
ADDRESS:	
TELEPHONE:	