



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

NAME:.....

.....

FATHER'S NAME.....

.....

MOTHER'S NAME.....

.....

PLACE OF BIRTH:.....

.....

DATE OF BIRTH:.....

.....

REGISTRATION No:.....

.....

YEAR OF FIRST REGISTRATION.....

.....

DEPARTMENT:.....

.....

PERMANENT ADDRESS

DISTRICT:.....

.....

STREET:.....

.....

NUMBER:..... PC:.....

.....

TELEPHONE:

.....

IDENTITY CARD DETAILS

NUMBER:.....

.....

ISSUING AUTHORITY.....

.....

DATE OF ISSUE:

.....

**DETAILS OF REPRESENTATIVE THAT
SUBMITS THE STUDENT APPLICATION**

SURNAME:.....

.....

NAME:.....

.....

IDENTITY CARD NUMBER:.....

.....

ISSUING AUTHORITY:.....

(signature)

ADDRESS:

.....

TELEPHONE: