**ANNEX “A”**

**“International Spring Semester 2024” Application Form**

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| **Remarks:*** Please fill in the yellow & blue fields only.
* Fill in 1 form for 1 person.
* Please send this form completed at

erasmus@sse.gr and cc' to basilekaravitis@gmail.comInsert Photo Here(preferably a passport picture in jpg-format or attach the picture to the mail) |  | I want to participate in the event(please click to mark **the event** below – the dates **do not** include travel days) |
| **☐** | **Entire International Spring Semester**19 February – 14 June 2024 |
|  |  |   |
| **☐** | CM Military Leadership "A" [Tactics](19-23 Feb 2024) |   | **☐** | CM Electronic Warfare(08-12 Apr 2024) |
| **☐** | CM Military Leadership "B" [Leadership Training](26 Feb-01 Mar 2024) |   | **☐** | CM Law of Armed Conflict(15-19 Apr 2024) |
| **☐** | CM Basic Military English(04-08 Mar 2024) |   | **☐** | CM Interoperability(22-26 Apr & 13-24 May 2024) |
| **☐** | CM Cross-Cultural Communication(11-15 Mar 2024) |   | **☐** | CM Cyber Security(27-31 May 2024) |
| **☐** | CM Cultural Awareness(18-22 Mar 2024) |   | **☐** | CM Military Leadership "C"[Physical Training](19 Feb-31 May 2024) |
| **☐** | CM Comprehensive Approach(25 Mar-05 Apr 2024) |   | **☐** | Other event (please specify) |

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| Maleclick to mark | Femaleclick to mark | Rank, ac. degree(s) | FAMILY NAME | Forename(s) / First name(s) |
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| --- | --- | --- | --- |
| Date of birthDD MM YYYY | Nationality | Passport or ID number | Passport or ID validity until |
| **Click for date** |  |  | **Click for date** |

|  |  |  |
| --- | --- | --- |
| Branch of Service (if available) | Sending institution’s name | I want to participate as ….(click to mark) |
|  |  | Student | Instructor | Observer | Other |
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| --- | --- |
| Phone number (if available)please include country code | E-mail address(es) |
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| Arrival by**plane**(click to mark) | Arrival by**train**(click to mark) | Arrival by**bus**(click to mark) | Arrival by**own car**(click to mark) | Location of arrival(as precise as possible to assure transport) | Arrivaldate | Arrivaltime  |
| **☐** | **☐** | **☐** | **☐** |  | **Click for date** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Departure by**plane**(click to mark) | Departure by**train**(click to mark) | Departure by**bus**(click to mark) | Departure by**own car**(click to mark) | Location of departure(as precise as possible to assure transport) | Departuredate | Departuretime  |
| **☐** | **☐** | **☐** | **☐** |  | **Click for date** |  |

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| Special dietary or food requirements due to medical or religious reasons(click to mark) | **If yes**, please specify food you cannot eat |
| No | Yes |  |
| **☐** | **☐** |

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| **Additional remarks**(need for special equipment, special travel arrangements, etc.) |
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| If you are not the point of contact (POC) **or** if more than one person will participate from your institution please fill in POC’s data below (if **YOU** are the POC please fill in your data again) |
| Maleclick to mark | Femaleclick to mark | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
| **☐** | **☐** |  |  |  |
| POC’s phone number (include country code) | POC’s e-mail address(es) |
|  |  |