
Συλλαβος

SCHOOL *of* LANGUAGES

GREEK LANGUAGE COURSE APPLICATION FORM.

SURNAME	
NAME	
TITLE (Mr, Mrs, Ms, Dr. etc)	
HOME OR CONTACT ADDRESS with Post Code	
TELEPHONE NUMBER & FAX	
MOBILE PHONE TEL. NUMBER	
E-MAIL ADDRESS	
DATE OF BIRTH	
NATIONALITY	
LANGUAGE LEVEL IN GREEK (beginner, elementary, intermediate, upper intermediate, advanced)	
OTHER SPOKEN LANGUAGES	
PROFESSION	
STUDIES-ACADEMIC BACKGROUND	
COURSE DATES	
COURSE PROGRAMME SELECTED (see available choices on-line)	
DO YOU REQUIRE ACCOMMODATION?	
DO YOU HAVE DISABILITY? IF YES, PLEASE SPECIFY IF YOU REQUIRE ANY SPECIAL ARRANGEMENTS	

PLEASE ALSO ENCLOSE:

- A COPY OF YOUR PASSPORT OR ID CARD.
- A passport size PHOTO.
- A COPY OF THE RECEIPT OF THE BANK TRANSFER OF THE ENROLLMENT FEE AND THE DEPOSIT OF 50% THAT CORRESPONDS TO THE TUITION FEES.

Declaration.

I _____ (print name)

hereby declare that all the information given is true and complete and I agree to the Syllabus School of Languages Terms and Conditions as described on the website. I also acknowledge that the School reserves the right to alter any course, subject, admission requirement or fee without prior notice. I understand that the personal information I have provided may be released to government agencies as required by law. I further understand that it may be disclosed to third parties for the purpose of progressing my application.

Date

Signature

Please email or post the completed application form to:

Syllabus
School of Languages,
Chrys. Ganiari 13,
Farkaina,
Chios, 82100.
Greece.

info@syllabus.edu.gr