



ERASMUS Accommodation Application

Please complete this form in BLOCK CAPITAL LATIN CHARACTERS

Surname:	First name:	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age:
Nationality:	Country of origin:	
E-mail address:	Mobile tel. Nr:	
Department in the University of Ioannina:	Name of Responsible professor in the University of Ioannina or Contact Person Name:	
Would you care for a single or double room?	Single * <input type="checkbox"/> Double ** <input type="checkbox"/>	
	* Cost: 65€/month	** Cost: 50€/person/month
Date residence required →	From:	Until:
Do you consider yourself to have a medical condition? (If YES please provide details and a Medical Certificate and attach it to this form)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Permanent address:	Name/ Surname/ Tel. No of a relative or friend of yours in case of emergency:	
Comments:		
Date of application →		

The information you supply on this form will only be used in relation to your application and will be treated in the strictest confidence

Please e-mail this form, duly completed to ifotou@cc.uoi.gr and mtzima@uoi.gr