



ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΥΠΟΥΡΓΕΙΟ ΠΑΙΔΕΙΑΣ ΚΑΙ
ΘΡΗΣΚΕΥΜΑΤΩΝ



Πρόγραμμα
δια βίου
μάθησης

ΙΔΡΥΜΑ ΚΡΑΤΙΚΩΝ ΥΠΟΤΡΟΦΙΩΝ
(Ι.Κ.Υ.)
ΔΙΕΥΘΥΝΣΗ ΕΙΔΙΚΩΝ ΠΡΟΓΡΑΜΜΑΤΩΝ
ΔΙΕΘΝΩΝ ΥΠΟΤΡΟΦΙΩΝ
ΤΜΗΜΑ ΠΡΟΓΡΑΜΜΑΤΩΝ ΕΥΡΩΠΑΪΚΗΣ
ΕΝΩΣΗΣ

LLP/ERASMUS
Academic Year: **2013 /14**
Supervisor's Report

1. Name of Student:

2. Home Institution: **HAROKOPIO UNIVERSITY**

ERASMUS institution code: **G KALLITH01**

3. Host Institution:

ERASMUS institution code:

4. School and/or Department:

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5. Supervisor's Name and Position:

.....

6. Type of student's participation: full time ☐ part-time ☐

7. Level of study: Undergraduate ☐ Postgraduate ☐ Doctoral ☐

8. Has the student taken any examinations? Yes ☐ No ☐

9. Length of study period abroad: from to months:

10. In case of student absence(s), please indicate reason(s) and period(s) of
absence(s)

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11. Language(s) of instruction in host institution
.....
12. Linguistic preparation of student in: home country <input type="checkbox"/> host country <input type="checkbox"/>
13. Period of placement in months in case of combination of placement and studies in a single study mobility period:
14. Any other comments
.....
.....

Signature Date

Stamp of the Host Institution

We thank you for your cooperation.

Please return this form to:

a) student's home institution:

Harokopio University, Dept. of International & Public Relations, Erasmus Office

Address: El. Venizelou Ave, 70

GR – 176 76 KALLITHEA

Tel: +30/ 210 95 49 339 Fax: + 30 / 210 95 77 050

e-mail: edurie@hua.gr / erasmus@hua.gr