**STUDENT VERIFICATION FORM**

After completion, please email this form along with a scan of a current and valid student identification to: [skalait@upatras.gr](mailto:skalait@upatras.gr)

|  |  |
| --- | --- |
| SURNAME / NAME |  |
| UNIVERSITY |  |
| DEPARTMENT |  |
| DEGREE  (that is being pursued) | BSc  MSc  PhD |
| EMAIL ADDRESS |  |
| NAME OF SUPERVISOR |  |
| SUPERVISOR’S EMAIL ADDRESS |  |

|  |  |  |
| --- | --- | --- |
| Student’s signature |  | Date: |

|  |  |  |
| --- | --- | --- |
| Supervisor’s signature |  | Date: |