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|  |  |  | HELLENIC REPUBLIC |  | **GENERAL DIRECTORATE FOR ADMINISTRATION SERVICES** |  |  |  |  |
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|  |  |  |  |  |  |  |  | **DEPARTMENT OF EUROPEAN EDUCATIONAL PROGRAMMES** |  |  |  |  |
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|  |  |  |  |  |  |  |  | Information: V. Paschalidou |  | Thessaloniki,  | 01/12/2018 |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  | **DECLARATION OF PERSONAL RESPONSIBILITY & RELEASE REGARDING PARTICIPATION** **IN A MODERN GREEK LANGUAGE COURSE FOR ERASMUS+ STUDENTS**1. I wish to participate in the 2-Week Erasmus Course (18/03 – 01/04/2019) of Modern Greek Language organized by the School of Modern Greek Language and financed by the Department of European Educational Programmes of Aristotle University of Thessaloniki.
2. I understand and accept the terms and conditions set by the Department of European Educational Programmes which are as following:
3. Prior to the beginning of the course I will deposit a registration fee of 22 Euros to the following bank account of the School of Modern Greek Language:

Piraeus BankBank account: 5202-002079-976Research Committee of Aristotle University of ThessalonikiProject number: 81546ΙΒΑΝ: GR 04 0172 2020 0052 0200 2079 976 SWIFT: PIRBGRAAThe registration fee is non refundable in any case.1. Attendance is obligatory. Only one day of absence is allowed on the terms that it is justified either by a Doctor / Hospital in case of illness (medical certification is required) or by a Professor in case of time conflict with another course (Professor’s letter is required).
2. The relevant certification is handed in the Secretariat of the School of Modern Greek Language the day after the absence.
3. In case of unjustified absence or more than one absence, no ECTS credits will be provided by the School of Modern Greek Language.
4. I warrant that I am at least eighteen (18) years of age and fully competent to sign this Release; that I understand the terms contained herein are contractual and not a mere recital; that I have read this Release with full knowledge of its significance; and that I have signed this Release as my own free act.

ACCEPTED AND AGREED: (Signature): (Printed Name): (Date): |  |  |  |  |  |  |  |  |  |
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