



Membership Application

Please provide the information specified below and attach any supporting material, as appropriate

Applying institution:

Name of the University:

.....

(*) Faculty:

(*) Department:

Mailing Address:

Postal code: City: Country:

Tel: Fax: e-mail:

URL address:

Head of University: (*)

Dean of the Faculty

(*) Head of the Department

Corresponding Person:

Name :

Title

Address:

.....

Tel: Fax: e-mail:

(*) to be completed only in case that a specific Faculty or Department will apply for membership

Please return the complete form to
ASECU, University of Macedonia, 156, Egnatia str., 54006 Thessaloniki GREECE
Fax: +30 2310 891748 Email: asecu@uom.edu.gr



Academic Structure

University Status STATE / PUBLIC / PRIVATE:

Duration of Studies

Undergraduate:..... MSc and MA:..... Dr. and PhD:.....

Date of Foundation: University Faculty^(*) Department^(*)

State Accreditation: YES/NO:

If YES, please provide a copy or e-link.....

Marks achieved in the State Accreditation:

External Accreditation YES/NO:

If YES, please provide a copy or e-link.....

Marks achieved in the External Accreditation:

Number of Academic Staff by Academic Level

University:..... Faculty: ^(*)..... Department: ^(*)

MSc and MA holders: Dr and PhD holders:

Number of Curricula: Undergraduate:..... MSc and MA:.....; Dr. and PhD:.....

Number of Students: University:..... Faculty: ^(*)..... Department: ^(*)

Please list principal divisions (Faculties, Departments, etc.):

.....
.....

Indicative Scientific Activities and Projects:

.....
.....

Indicative International Cooperation:

.....
.....

(*) to be completed only in case that a specific Faculty or Department will apply for membership



Short Description of Facilities:

.....

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Any other information comments:

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(Application must be signed)

The.....
(name of University/Faculty/ Department who applies of membership)

hereby apply for ASECU membership, **as regular member**, and agree to follow the Statute of the Association.

We understand that:

- Our financial obligation is the payment of Registration fee (300 €) and Membership fee (300 €/year).
- The financial year runs from 1st January to 31st December of each year.
- ASECU will communicate with us regarding membership and related benefits.

Our membership will start from the year.....

The undersigned.....
(name and title)

(Signature) (Date)

