Date: …….......................

Registration Number: …………………..

**SECTION I – PERSONAL & ACADEMIC INFORMATION**

Name – Surname:………………………………………………………………………...

Academic Institution:……………………………………………………………………..

Graduation Year(s):………………………………………………………………………

Academic Qualification: □Diploma □Higher Diploma □Degree □Master

Major: ……………………………………………………………………………………...

**SECTION II – PERMANENT ADDRESS**

Νο:............Street:..................................................................................Flat:............

Area:.....................Postal Code:…………. City:……………. Country:………...........

Telephone Number:.....................................Mobile Number: ………………….……

E-mail Address: .......................................................................................................

**SECTION III – WORK ADDRESS (if any)**

Company Name:………………………………………………………………………….

Your Position:……………………………………………………………………………..

Νο:………… Street:…………………………………………………. Flat:……………..

Area:……………………Postal Code:……………City:…………. Country:……….....

Telephone Number:.....................................Mobile Number: ………………….……

E-mail Address: .......................................................................................................

May we use this new information for our Alumni Directory and any future alumni publications? □ YES □ NO

In the event that you do not wish to be a member of the Alumni Association please check this box. □

THANK YOU FOR HELPING US KEEP OUR RECORDS UPDATED