



Student Entry Form



Period:

Level:

ELL: Center Name

Address:

Phone: Cell:.....

Exam Centre**:

.....

No.	CANDIDATE'S FIRST NAME	CANDIDATE'S SURNAME	FATHER'S NAME (INITIAL)	GENDER M/F	DATE OF BIRTH	FULL ADDRESS*	ORAL EXAM***	FEE €

*Street name, number, zip code, city/area

**State the code of preference from the list announced on pte.edu.gr but Unicert is to decide upon availability

***Tick the box if you are going to have the oral examination. Mandatory for C2

Fill in with capital letters and latin characters according to ELOT and the candidate's papers

Please submit your Registration Form to Unicert, 98-100, Akadimias str., Kaniggos Square, Athens, Postal Code 106 77 tel. +30 210 38 01 129 - 30

I undertake a warrant that the above entries are correct

Date

Signature of School Owner.....