



DIAS International Academic Studies

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APPLICATION

FOR DIAS 2017 SUMMER ACCREDITED COURSES,
OFFERED BY the UNIVERSITY OF CRETE, GREECE

From July 9 to August 10 , 2017

Dedline to apply: June 30-2017 **STUDENT INFORMATION**

Name: Last	First	Middle
Date of Birth:	Social Security #	
Home Address:	Apt #	
City:	State:	Zip Code:
Tel:	Fax:	E-mail:
NAME of the University, College and School:		(See address below)
IN CASE of an emergency: Contact: Name:		Relationship:
Tel (day):	Tel (evening):	Mobile:

EDUCATIONAL INFORMATION

Credits to be forwarded to REGISTRAR: (name):		
University or College Name:	School:	
Department:		
School Address:		
City:	State:	Zip Code:
Tel:	Fax:	E-mail:
Major:	Minor:	
Year in Attendance:		

SELECT 2 SETS OF COURSE: Take them to your College Adviser for PRE-APPROVAL. (All 4)

- A. **First Choice courses** Select 2 priority courses to be Pre-approved.
 - B. **Second Choice Courses.** Select 2 other courses in case the first choice is not available
- You can take only one case with LAB in each set.

A: 1st choice: Course 1. _____ .Course 2. _____

Alternative choice: In case one or both of your primary choices are not available you can apply for a second choice. You should obtain pre-approval for the alternative courses too.

B. 2nd choice. Course 3. _____ Course 4 _____

Are you interested in participating in the DIAS Cultural Program? Yes _____ No _____

Please Mark or Circle area(s) of interest: Lyra ___ Laouto ___ Mandolino ___ Greek-Cretan Dance ___

I understand that upon acceptance, I will follow the instructions and regulations required by the University of Crete and DIAS International Academic Studies .I understand that this is a strictly academic program and that I will be fully responsible for all of my actions. I also understand that if the number of applicants for a class is not satisfactory, that course might be cancelled.If a course is cancelled, DIAS and University of Crete will bear no responsibility.

Applicant's signature _____ Date _____

Students under the age of 17-18: Parent's or Guardian's signature is required

Parent's or Guardian's Signature _____ Date _____