



## APPLICATION FORM

(This application comprises 5 pages; ALL details as appropriate must be completed)

### EXCAVATING AT THE SPARTAN SANCTUARY OF APOLLO AMYKLAIOS (PELOPONNESE, GREECE) TWO-WEEK PROGRAM: JULY 14 – JULY 27, 2024

#### PERSONAL DETAILS:

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
\_\_\_\_\_

Male  Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Nationality: \_\_\_\_\_ Passport No: \_\_\_\_\_

Phone No: \_\_\_\_\_ / \_\_\_\_\_  
Home No. Mobile No.

E-mail Address: \_\_\_\_\_

*\*Important: it is the applicant's responsibility to provide a reliable e-mail address. Confirmation of acceptance will be sent by e-mail. Payment of the required deposit (see p. 3 below) must be received by HERC within 15 working days of the date of the acceptance message. Failure to make timely deposit may result in the applicant's place being allotted to another person.*

#### ACADEMIC DETAILS:

Degree/Major: \_\_\_\_\_

Other Course of Study (if applicable): \_\_\_\_\_

Year of study: (1<sup>st</sup> 2<sup>nd</sup> etc): \_\_\_\_\_

Do you require academic credit?  Yes\*  No

*\* If Yes, the form titled "Request for Transfer of Academic Credit" (p.4 below) must be completed/signed as indicated.*

#### HOME INSTITUTION:

Name of home academic institution: \_\_\_\_\_

Address/Tel No. of home academic institution: \_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_

**MEDICAL  
DETAILS:**

Do you have any medical conditions or allergies? (please specify): \_\_\_\_\_

\_\_\_\_\_  
*Continue on additional paper if necessary*

If you take medication, please state full name of medication you are taking: \_\_\_\_\_

Do you have any dietary requirements? \_\_\_\_\_

Personal contact - contact in the event of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime tel no: \_\_\_\_\_

Evening tel no: \_\_\_\_\_

Name of medical insurer: \_\_\_\_\_

*The applicant should consult their insurer to ensure coverage for Greece*

**PERSONAL  
STATEMENT:**

Please make a brief biographical statement about yourself; outline your reasons for applying for the proposed course; and what in particular you hope to gain from the course. Please provide detailed information on the level of your knowledge of Ancient or Modern Greek, if any.

**PERSONAL / ACCOMODATION PREFERENCES:**

Are there any other relevant matters regarding personal / accommodation preferences which you would like HERC to consider? (please specify on additional paper):

**FEES: €2,500 (Two thousand five hundred Euros)**

Note: The fees quoted are inclusive of €500.00 deposit payable in advance.

Payment of the required deposit must be received by HERC within 15 working days of the date of the acceptance email. Failure to make timely deposit may result in the applicant's place being allotted to another person.

**DECLARATION:**

I, the undersigned confirm that:

1. The information supplied by me on this form is true and complete. I agree to comply with all rules and regulations of HERC and providers of the proposed course/activities. I understand that I may be expelled from the program without refund of fees should I fail so to comply;
2. I have read the relevant instructions on Health and Safety and Payment (posted on the HERC website) and agree to pay the fees as stated therein and in accordance with the Payment Schedule;
3. I confirm that I shall not rent/drive any form of car or rent/ride a motorcycle/moped during the period of my enrolment at HERC and confirm that I shall conduct myself at all times respectfully with regard to local communities and the laws and customs of Greece.

Signed: \_\_\_\_\_  
Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_  
Print name in block capitals

**Before sending your application, check that:**

- You have completed all relevant sections above;
- You have provided in the "Personal Details" section above an e-mail address that you check regularly.
- You have included the form titled "Request for Transfer of Academic Credit" (p.4 below) duly completed (if you require such credit);
- You have included the names and contact details (including telephone no.) of your two (2) Academic References (p.5 below).

All documents must be sent by email at [info@herc.org.gr](mailto:info@herc.org.gr).



**REQUEST FOR TRANSFER OF ACADEMIC CREDIT**

*to be completed by relevant member of Faculty or Office of International Studies*

Please print in **BLOCK CAPITALS**:

Name of Student: \_\_\_\_\_

Name of Home Institution: \_\_\_\_\_

**To Student Academic Advisor or Director of Study Abroad Office:**

The above student is applying to attend the **EXCAVATING AT THE SPARTAN SANCTUARY OF APOLLO AMYKLAIOS (PELOPONNESE, GREECE / JULY 14 – JULY 27, 2024)** program provided by **HERC**.

This is a university level course of study. The student requests academic credit for work completed on this course. For HERC to effectively monitor and evaluate the student's performance, please provide the information requested below.

Do you wish academic credit to be given?  Yes  No

If **Yes**, please indicate *minimum* course grade student must attain to achieve credit: \_\_\_\_\_

If **Yes**, HERC will evaluate student's performance and issue an Academic Transcript. To meet any specific evaluation requirements\* your institution may have, please specify matters (if any) HERC should consider in making its evaluation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Continue on additional paper if necessary*

\*Before returning this form to the student (who will forward it to HERC as part of their application), please ensure that the student is aware of any special academic requirements demanded by your Institution and which HERC must likewise take into account.

Name of person completing this form: \_\_\_\_\_ Office: \_\_\_\_\_

Tel No: \_\_\_\_\_

E-mail: \_\_\_\_\_

An official Academic Transcript should be sent by HERC to the following email:

Email: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### APPLICANT'S ACADEMIC REFERENCE

Please print in **BLOCK CAPITALS**:

Name of Applicant: \_\_\_\_\_  
*Applicant should print their name and then give this form to their Referee.*

*The Applicant MUST provide two (2) references and should duplicate this form for this purpose.*

**To the Referee:**

The above-named is applying to the Hellenic Education & Research Center (HERC) to attend the course below:

**EXCAVATING AT THE SPARTAN SANCTUARY OF APOLLO AMYKLAIOS  
(PELOPONNESE, GREECE)  
JULY 14 – JULY 27, 2024**

This program is a university- level course for which HERC requires two (2) satisfactory academic references before a place on the above course can be reserved.

We should be grateful if you could provide a reference for the above-named. **Please provide your reference separately and send it as a .pdf attachment to [info@herc.org.gr](mailto:info@herc.org.gr).**

*It would be helpful if your reference dealt with the following points: length of time you have known the applicant / in which capacity; academic ability; attitude to others / team working abilities; self-discipline; ability to cope with new and demanding challenges and environments (both intellectually and socially / emotionally).*

Name of Referee: \_\_\_\_\_ Title/Office: \_\_\_\_\_

Institution & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Office Tel. No: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Signature*

Name: \_\_\_\_\_  
*Print name in block capitals*