







Please return the completed form by closing date for Access Arrangements. Please send the completed form attaching scanned copies of all supporting evidence before registration deadlines to Unicert, 98-100, Akadimias str., Kaniggos Square, Athens, Postal Code 106 77 tel. +30 210 38 01 129 - 30.

Requests must be accompanied by appropriate supporting medical documents (where applicable), issued within the previous three years.

			Арр	lication Request by	y level		
Level	PTE General		PTE General	PTE General	PTE General	PTE General	PTE General
	Level A1		Level 1	Level 2	Level 3	Level 4	Level 5
Please Tick							
Types of medica	l evidence a	ttache	<u>ed</u>				
Evidence of hand	lwriting* (In	case o	of Dyslexia,2 recent	t writing texts)			
	-	_	vidence attached*.		_		
	es of Medica	Recor	d in Greek from a Pul			, and in the case of	Dyslexia, reports from
Candidate's Da	•						
First Name							
Surname							
Father's Name							
Gender M/F							
Date of Birth							
Full Address							
Postal Code							
Telephone							
Mobile							
Email							
Language Schoo	I						
Exam Centre*							
Date of Examinat	ion						
Reason for Appli	cation						
Special Access Arrangements							
		charac	ters according to ELO	T and the candidate's	I.D.		
•			t announced on pte.ed	-	lecide upon availabilit	y	
			you participate in the			4-1	1.46
			•			take a warrant that	I, the signatory perso
•	-		ove personal data an Unicert, bearing all		imentation or, that I		
fully consent for ev	very necessa	ary use	-	g in digital file or ha	ard copy or/and for	warding, to Pearso	n or any other third
•				•	•		mmercial policy. Wi nts which occur by

commercial policy, in respect to the second party, which is on our portal (my.unicert.gr).