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| HELLENIC REPUBLIC |  | FACULTY OF HEALTH SCIANCES  DEPARTMENT OF MEDICINE  *MASTER OF SCIENCE*  ***“Application of endoscopic surgical techniques in gynecology”*** | | |
|  |  | Director: A. Daniilidis, Associated Professor |  |  |
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| ARISTOTLE UNIVERSITY O*f*  THESSALONIKI |  | Information:  e-mail: pmsi.auth@gmail.com |  |  |

Thessaloniki, / / 2021

**Application form**

Please, accept my application form for the MSc Program in Medical Research Methodology.

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| --- | --- |
| **Name** |  |
| **Surname** |  |
| **Father name**  **and surname** |  |
| **Mother name**  **and surname** |  |
| **Nationality** |  |
| **Address** |  |
| **Zip code** |  |
| **City** |  |
| **Phone** |  |
| **E-mail** |  |
| **Tax Identification number (ΑΦΜ)** |  |
| **Financing body**  **(ΔΟΥ)** |  |
| **I hold a bachelor / MSc / PhD / other degree(s) in/from** | *eg: Bachelor in Medicine, Aristotle University of Thessaloniki* |

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| **I agree to abide by the MSc Program regulations** | YES □ NO □ |

**Attachments**

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| **1.** | Bachelor / MSc / PhD / other degree(s). |  |
| **2.** | Recognition Degree from ΔΟΑΤΑΠ (if needed) |  |
| **3.** | Academic transcript with a list of all grades received of undergraduate studies |  |
| **3.** | Recently updated Curriculum Vitae, with details about education, training, work experience, academic publications and academic achievements |  |
| **4.** | Proof of competency in English language. |  |
| **5.** | Photocopy of personal ID or passport with personal details or an equivalent state-issued document |  |
| **6.** | Letter of Intent |  |
| **7.** | Other documents if available (proofs of profession or research experience, reference letters, etc) |  |