APPLICATION

**LAST NAMΕ:**

**FIRST NAME**:

**FATHER’S FIRST NAME:**

**ADDRESS:**

**STREET:**

**NUMBER:**

**CITY:**

**ZIP CODE:**

**COUNTY:**

**PHONE NUMBER:**

**IDENTIFICATION NUMBER:**

**e-mail :**

***To***

***the Secretariat of the Inter-Institutional Program of Postgraduate Studies "Biomedical Engineering".***

**Please include me in the candidates for the enrollment in the "Biomedical Engineering" *Inter-Institutional* Program of Postgraduate Studies.**

**For the study program type**

**Attached are:**

1. ***Curriculum Vitae*** 🞏
2. ***Identity Card or Passport*** 🞏
3. ***Certified copies of Degree or Diploma Certificate*** 🞏
4. ***Transcript of Records*** 🞏
5. ***Professional Qualifications Documents*** 🞏
6. ***Certificate of English Language Fluency*** 🞏
7. ***Letters of Recommendation*** 🞏
8. ***List of Scientific Publications*** 🞏
9. ***Confirmation of Equivalence from Hellenic NARIC*** 🞏
10. ***Other Documents*** 🞏

**Thessaloniki** ………..…………./

**The Candidate**

(Signature)

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| --- |
| **TITLE OF PREGRAUATE STUDIES:‎**DIPLOMA / DEGREE 🞏 GRADUATE STUDENT 🞏 |
| DEPARTMENT |  |
| UNIVERSITY |  |
| **OTHER CERTIFICATES OF STUDIES** YES 🞏 NO🞏 |
| TITLE | INSTITUTION  | DATE |
|  |  |  |
|  |  |  |
|  |  |  |
| **OTHER LANGUAGES: ‎** |
| LANGUAGE | DEGREE | INSTITUTION ‎ | DATE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **‎LIST OF SCIENTIFIC PUBLICATIONS‎** |
|  |
|  |
|  |
|  |
| **PROFESSIONAL EXPERIENCE** |
| JOB TITLE | FROM | TO |
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**Thessaloniki**………..………..…/

**The Candidate**

(Signature)