

APPLICATION

LAST NAME:

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FIRST NAME:

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FATHER'S FIRST NAME:

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ADDRESS:

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STREET:

NUMBER:

CITY:

ZIP CODE:

COUNTY:

PHONE NUMBER:

.....

IDENTIFICATION NUMBER:

e-mail :

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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

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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)

TITLE OF PREGRADUATE STUDIES: DIPLOMA / DEGREE <input type="checkbox"/> GRADUATE STUDENT <input type="checkbox"/>			
DEPARTMENT			
UNIVERSITY			
OTHER CERTIFICATES OF STUDIES YES <input type="checkbox"/> NO <input type="checkbox"/>			
TITLE		INSTITUTION	DATE
OTHER LANGUAGES:			
LANGUAGE	DEGREE	INSTITUTION	DATE
LIST OF SCIENTIFIC PUBLICATIONS			
PROFESSIONAL EXPERIENCE			
JOB TITLE	FROM	TO	

Thessaloniki...../

The Candidate

(Signature)