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| HELLENIC REPUBLIC | **FACULTY OF HEALTH SCIENCES** |  |
| auth logo black | **DEPARTMENT OF MEDICINE**  MSc in MEDICAL RESEARCH METHODOLOGY | ../Downloads/Mail%20Attachment.png |
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| ARISTOTLE  UNIVERSITY  THESSALONIKI | T: +30 2310 99 9333  F: +30 2310 99 9293  El: info-mrm@auth.gr  W: mrm.med.auth.gr | Thessaloniki, 10 September 2018 |

**Application form**

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

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| --- | --- |
| Name |  |
| Surname |  |
| Father’s name |  |
| Mother’s name |  |
| Nationality |  |
| Address |  |
| Zip code |  |
| City |  |
| Phone |  |
| E-mail |  |

I hold a bachelor/MSc/PhD/other degree(s) in/from:

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Thessaloniki, / /2018

**Attachments**

1. Bachelor/MSc/PhD/Other degree(s).
2. Recognition Degree from D.O.A.T.A.P. (if needed)

1. Recently updated Curriculum Vitae, with details about education, training, work experience, academic publications and academic achievements (i.e. [Europass template](https://www.google.gr/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CCcQFjAAahUKEwjy_s-S0dXIAhUEvRQKHUEdC1M&url=https%3A%2F%2Feuropass.cedefop.europa.eu%2Fen%2Fdocuments%2Fcurriculum-vitae&usg=AFQjCNEHg3et18KYCW4iabFIb17E9a-0eg)).
2. Proof of competency in English language.
3. Photocopy of personal ID or passport with personal details.
4. Two (2) reference letters.