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| HELLENIC REPUBLIC | FACULTY OF HEALTH SCIENCES |  |
| auth logo black | DEPARTMENT OF MEDICINE  **MSc in MEDICAL RESEARCH METHODOLOGY** |  |
|
| ARISTOTLE  UNIVERSITY  THESSALONIKI | T: +30 2310 99 9333, F: +30 2310 99 9293  E: [info-mrm@auth.gr](mailto:info-mrm@auth.gr), W: mrm.med.auth.gr |  |

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** | 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.** | 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)). |  |
| **4.** | Proof of competency in English language. |  |
| **5.** | Photocopy of personal ID or passport with personal details. |  |
| **6.** | Two (2) recent reference letters written in English and referring to the MSc candidacy. |  |