*Doctoral*

*Candidate*

*Photo*

|  |  |  |
| --- | --- | --- |
| **To:** |  |  |
| **The Registrar** | **Date:** | *……/……/…………* |
| Department of Public and Community Health | **Ref. No:** | …………………….. |
| School of Public Health |  | |
| Athens Campus | *(to be filled in by the Registrar)* | |
| Athens, Greece |  | |

**APPLICATION FOR**

**DOCTORAL DISSERTATION ELABORATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IDENTIFICATION INFORMATION** | | | | | |
| **Last name** | | *………………………...* |  | **First name** | *………………………* |
| Father’s name | | *………………………...* |  | Mother’s name | *………………………* |
| Date of birth | | *……/……/…………* |  | Place of birth | *………………………* |
| Nationality | | *………………………...* |  | Citizenship | *………………………* |
| ID/Passport No | | *………………………...* |  | Issue date | *……/……/…………* |
| Issue Authority | | *………………………...* |  | Social Security No | *………………………* |
| Tax ID No | | *………………………...* |  | Tax Office | *………………………* |
| Address/Street name | | *………………………...* |  | Address/Street No | *………………………* |
| Address/Flat No | | *………………………...* |  | Address/Postcode | *………………………* |
| Address/City | | *………………………...* |  | Address/Country | *………………………* |
| email | | *………………………...* |  | Telephone No | *(+country code) …...* |
|  | |  |  |  |  |
| **PREVIOUS STUDIES**  *In case of more study periods, please copy-paste the relevant fields accordingly* | | | | | |
| Higher Education Institution (H.E.I.) name | | *…………………………* |  | Department | *……………………..* |
| Direction of studies  *(if applicable)* | | *……* |  | Degree/Diploma | *………………………* |
| Graduation month/year | | *………………………* |  | Grade Point Average (G.P.A.) | *………………………* |
|  | |  | | | |
| Higher Education Institution (H.E.I.) name | | *…………………………* |  | Department | *……………………..* |
| Direction of studies  *(if applicable)* | | *……* |  | Degree/Diploma | *………………………* |
| Graduation month/year | | *………………………* |  | Grade Point Average (G.P.A.) | *………………………* |
|  | |  | | | |
| **SCHOLARSHIPS - DISTINCTIONS** | | | | | |
| *……………………………………………………………………………………………………………………...*  *……………………………………………………………………………………………………………………...*  *……………………………………………………………………………………………………………………...*  *……………………………………………………………………………………………………………………...*  *……………………………………………………………………………………………………………………...*  *……………………………………………………………………………………………………………………...*  *……………………………………………………………………………………………………………………...*  *……………………………………………………………………………………………………………………...*  *……………………………………………………………………………………………………………………...*  *……………………………………………………………………………………………………………………...*  *……………………………………………………………………………………………………………………...*  *……………………………………………………………………………………………………………………...* | | | | | |
|  | |  | | | |
| **LANGUAGE SKILLS**  *In case of more languages, please copy-paste the relevant fields accordingly* | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Mother tongue(s) | Replace with mother tongue(s) | | | | | |  |  | | | | | | Other language(s) | UNDERSTANDING | | SPEAKING | | WRITING | | Listening | Reading | Spoken interaction | Spoken production |  | | Replace with language | Enter level | Enter level | Enter level | Enter level | Enter level | |  | Replace with name of language certificate. | | | | | | Replace with language | Enter level | Enter level | Enter level | Enter level | Enter level | |  | Replace with name of language certificate. | | | | | |  | Levels: A1/2: Basic user - B1/2: Independent user - C1/2 Proficient user  Common European Framework of Reference for Languages | | | | | | | | | | |
|  | |  | | | |
| **PROFESSIONAL EXPERIENCE** *(if applicable)*  *In case of more professional experience, please copy-paste the relevant fields accordingly* | | | | | |
| |  |  | | --- | --- | | Replace with dates (from - to) | *Replace with occupation or position held* | | *Replace with employer’s name and locality (if relevant, full address and website)* | | * *Replace with main activities and responsibilities* | | *Business or sector Replace with type of business or sector* | | | | | | |
| |  |  | | --- | --- | | Replace with dates (from - to) | *Replace with occupation or position held* | | *Replace with employer’s name and locality (if relevant, full address and website)* | | * *Replace with main activities and responsibilities* | | *Business or sector Replace with type of business or sector* | | | | | | |
|  | |  | | | |
| **DOCTORAL DISSERTATION PROPOSAL** | | | | | |
| **Proposed Research Field** | | *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..* | | | |
| **Proposed Title and language** | | *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..* | | | |
| **Proposed Supervisor (faculty member)** | | *……………………………………………………………………………………..*  *……………………………………………………………………………………..* | | | |
| **Detailed scientific proposal and draft of the Doctoral Dissertation**  **(***Add pages accordingly or attach a stand-alone text)* | | *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..* | | | |
|  | |  | | | |
| **ATTACHED DOCUMENTS**  *Mark with X where applicable. You may add more lines, if applicable*  *Attached documents in printed format are non-returnable* | | | | | |
|  | **a. Application for Doctoral Dissertation Elaboration, containing the following:** | | | | |
|  | *Proposed title* | | | | |
|  | *Detailed scientific proposal and draft of dissertation* | | | | |
|  | *Proposed language* | | | | |
|  | **b. Copy of ID/Passport** | | | | |
|  | **c. Full CV** | | | | |
|  | **d. Copy of undergraduate degree** *(in case of an international HEI, submit also the equivalence of degree granted by DOATAP/Hellenic National Academic Recognition and Information Center)* | | | | |
|  | **e. Diploma Supplement or Transcript of Records for undergraduate studies** | | | | |
|  | **f. Copy of postgraduate degree** *(in case of an international HEI, submit also the equivalence of degree granted by DOATAP/Hellenic National Academic Recognition and Information Center)* | | | | |
|  | **g. Diploma Supplement or Transcript of Records for postgraduate studies** | | | | |
|  | **h. Certificate of …………….(e.g. English) language skills** | | | | |
|  | **i. All attached documents in digital format** | | | | |

Submission date: ……/……/…………

|  |  |  |
| --- | --- | --- |
|  |  | The applicant  (Name, Surname) |