*Doctoral*

*Candidate*

*Photo*

|  |  |  |
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| **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**

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| --- |
| **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.) | *………………………* |
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| **SCHOLARSHIPS - DISTINCTIONS** |
| *……………………………………………………………………………………………………………………...**……………………………………………………………………………………………………………………...**……………………………………………………………………………………………………………………...**……………………………………………………………………………………………………………………...**……………………………………………………………………………………………………………………...**……………………………………………………………………………………………………………………...**……………………………………………………………………………………………………………………...**……………………………………………………………………………………………………………………...**……………………………………………………………………………………………………………………...**……………………………………………………………………………………………………………………...**……………………………………………………………………………………………………………………...**……………………………………………………………………………………………………………………...* |
|  |  |
| **LANGUAGE SKILLS***In case of more languages, please copy-paste the relevant fields accordingly* |
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|  |  |
| --- | --- |
| 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 userCommon European Framework of Reference for Languages |

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|  |  |
| **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*  |

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|  |  |
| --- | --- |
| 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*  |

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| **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) |