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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 DEGREE AWARD**

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| **IDENTIFICATION INFORMATION** |
| **Last name** | *………………………...* |  | **First name** | *………………………* |
| Father’s name | *………………………...* |  | Mother’s name | *………………………* |
| Address/Street name | *………………………...* |  | Address/Street No | *………………………* |
| Address/Flat No | *………………………...* |  | Address/Postcode | *………………………* |
| Address/City | *………………………...* |  | Address/Country | *………………………* |
| email | *………………………...* |  | Telephone No | *+(country code)…….* |
| **Matriculation No** | *…………………………* |  | Research language(s) | *English**……………………..* |
|  |  |  |  |  |
| *Please, accept my request for designation as a Doctor of your Department and grant me the relevant Statement of Award Letter and Doctoral Degree.* *I attach hereby:* |
| *(Mark with X where applicable)* |
|  | *Certificate of E.K.T./ National Centre for Documentation and Electronic Content (Certificate of the Directorate of Education for the Doctoral Dissertation submission)* |
|  | *Copy of ID/Passport* |
|  | *Academic ID* |

Submission date: ……/……/…………

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|  |  | The applicant(Name, Surname) |

**SOLEMN DECLARATION FOR DOCTORAL DEGREE AWARD**

(article 8, Law 1599/1986)

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| **To:** |
| **The Registrar** |
| Department of ……………………………………………………………. |
| School of ………………………………………………………………… |
| Egaleo Park / Ancient Olive Grove / Athens Campus |
| Athens, Greece |

|  |
| --- |
| *Fill in the form with your personal data as found on your ID/Passport* |
| **Last name** | *………………………...* |  | **First name** | *………………………* |
| Father’s name | *………………………...* |  | Mother’s name | *………………………* |
| Matriculation No | *…………………………* |  | Place of birth | *……………………..* |
| Address/Street name | *………………………...* |  | Address/Street No | *………………………* |
| Address/Flat No | *………………………...* |  | Address/Postcode | *………………………* |
| Address/City | *………………………...* |  | Address/Country | *………………………* |
| email | *………………………...* |  | Telephone No | *+(country code)…….* |
|  |  |  |  |  |
| *At my own responsibility and being aware of the sanctions set in the provisions of paragraph 6, Article 22, Law 1599/1986, I hereby declare that:*1. *I have no pending responsibilities with the University of West Attica Central Library services (Institutional Repository “Polinoe”),*
2. *I have completed the procedure of drafting, finalizing and submitting my Doctoral Dissertation.*
 |

Submission date: ……/……/…………

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