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| **To:** |  |  |
| **1. The Doctoral Advisory Committee / 2. 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 CANDIDATE WITHDRAWAL**

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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*  *……………………..* |
|  |  |  |  |  |
| **Dpt. Sector** *(if applicable)* | *……………………………………………………………………………………..* | | | |
| **Dissertation Title** | *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..*  *……………………………………………………………………………………..* | | | |
|  |  | | | |
| *Please, accept my request for withdrawal from my Doctoral Candidate status at your Department.*  *I attach hereby the following justification documents (if applicable):*   1. *……………………………………………………………………………………………………………..* 2. *……………………………………………………………………………………………………………..* 3. *……………………………………………………………………………………………………………..* | | | | |

Submission date: ……/……/…………

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