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| **APPLICATION for admission to the** **Master’s Program of Studies:****‘INFECTIOUS DISEASES – INTERNATIONAL MEDICINE: FROM BENCH TO BEDSIDE’***Last name: ……………………………………………….…**First name: ……………………………………… ……….**Father’s name: ………………………… ………………..**Date of birth:…………………………… ………….……..**Place of birth:…………………………… ……………..…*ADDRESS

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| *Street:……………………………* | *Number:…………...* |
| *City:…………………………* | *Postal code: ………* |
|  | *Tel.:………………...* |

 *Email: ……………………………………...…………..*ACADEMIC TITLES *Graduate*  *Final year of studies*  *Department:………………………………………………**School:……………………………………………….……**University:………………………………………………..**Other Academic Titles:…………………………………. ………………………………………………………………………………………………………………………………**………………………………………………………………………………………………………………………………**Language skills:….……………………………………..**…………………………………………………………….* ***………………….……… ……/……/20… (Place) (Date****)* | **To the:****Dept. of Molecular Biology and Genetics** Democritus University of ThraceUniversity Campus-Dragana 68100 Alexandroupolis, Greece Please consider my application for admission to the Master’s Program of Studies entitled: ‘***INFECTIOUS DISEASES – INTERNATIONAL MEDICINE: FROM BENCH TO BEDSIDE’****Attachments:*1. CV 1. Certified copy of Bachelor’s Degree or Diploma or certification about the expected date of graduation
2. Confirmation of application for degree by the National Academic Recognition Information Center
3. Diploma supplement or detailed transcript of academic record
4. Certification of competence in English
5. Two Letters of recommendation from academic referees

*For each referee please provide name, title, affiliation and email address*a)…………………………………………………………..……………………………………………………………..……………………………………………………………..b) ………………………………………………….…………………………………………………………………….…………………………………………………………….*\*Letters of Recommendation may be submitted directly to the Secretariat by Email:* *dasimako@admin.duth.gr* *Signature of the Applicant*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |