## **APPLICATION** for admission to the **Master's Program of Studies:**

## To the:

## **Dept. of Molecular Biology and Genetics** Democritus University of Thrace

'INFECTIOUS DISEASES – INTERNATIONAL University Campus-Dragana MEDICINE: FROM BENCH TO BEDSIDE'

68100 Alexandroupolis, Greece

Last name: First name: Father's name: Date of birth: Place of birth:	Please consider my application for admission to the Master's Program of Studies entitled:  'INFECTIOUS DISEASES – INTERNATIONAL MEDICINE: FROM BENCH TO BEDSIDE'
ADDRESS           Street:         Number:           City:         Postal code:           Tel.:         Email:	<ol> <li>Attachments:</li> <li>CV</li> <li>Certified copy of Bachelor's Degree or Diploma or certification about the expected date of graduation</li> <li>Confirmation of application for degree by the National Academic Recognition Information Center</li> <li>Diploma supplement or detailed transcript of academic</li> </ol>
ACADEMIC TITLES  Graduate  Final year of studies  Department:  School:  University:  Other Academic Titles:	record  5. Certification of competence in English  6. Two Letters of recommendation from academic referees  For each referee please provide name, title, affiliation and email address  a)
Language skills:	*Letters of Recommendation may be submitted directly to the Secretariat by Email: infdis@mbg.duth.gr
/20 (Place) (Date)	Signature of the Applicant