

HELLENIC REPUBLIC

FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MEDICINE
MASTER OF SCIENCE

“APPLICATION OF ENDOSCOPIC SURGICAL TECHNIQUES IN GYNECOLOGY”



ARISTOTLE
UNIVERSITY Of
THESSALONIKI

Director: Angelos Daniilidis, Professor

Information: Alexandra Karagianni
Email: msc-endoscopicsurgery@med.auth.gr

Thessaloniki, / /

Application form

Please accept my application form for the MSc
“Application of endoscopic surgical techniques in gynecology”

Name	
Surname	
Father name and surname	
Mother name and surname	
Nationality	
Address	
Zip code	
City	
Phone	
E-mail	
Tax Identification number (ΑΦΜ)	
Financing body (ΔΟΥ)	
I hold a bachelor / MSc / PhD / other degree(s) in/from	
I agree to abide by the MSc program regulations	YES ☐ NO ☐

Attachments

1.	Bachelor / MSc / PhD / other degree(s).	
2.	Recognition Degree from ΔΟΑΤΑΠ (if needed)	
3.	Recently updated Curriculum Vitae, with details about education, training, work experience, academic publications and academic achievements	
4.	Proof of competency in English language.	
5.	Photocopy of personal ID or passport with personal details or an equivalent state-issued document	
6.	Letter of Intent	
7.	Other documents if available (proofs of profession or research experience, reference letters, etc)	