Aristotle University of Thessaloniki

Faculty of Health Sciences – School of Medicine

**MSc “Adolescent Medicine and Adolescent Health Care”**

***APPLICATION***

Please accept the application for my participation in the process of evaluating candidates for admission to the Master Program ***"Adolescent Medicine and Adolescent Health Care"*** for the academic year 2023-2024, specifically for the **specialization** :

( columns with an asterisk \* are filled in by the Secretariat)

***A. CANDIDATE DETAILS***

|  |  |
| --- | --- |
| Last name: |  |
| Name: |  |
| Father's name: |  |
| Surname : |  |
| Tach . Address: |  |
| City: |  |
| Telephone: |  |
| email |  |

**B. JUSTIFICATION DOCUMENTS**

**PART I**

|  |  |  |  |
| --- | --- | --- | --- |
| **a/a** | ***\**** | **Document title** | **Submission​** |
| 1. |  | Curriculum vitae | *\** | *\** |
| 2. |  | Statement of purpose  | *\** | *\** |

**PART II**

**1. Education qualifications ( Bachelor 's degree )**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **a/a** | **\*** | **Institution / Faculty / Department** | **Degree** | **Points\*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | Recognition by D.O.A.T.A.P., or license to practice a profession |
|  |  | Score Correspondence from D.O.A.T.A.P. |

**2. English Language Certificates**

|  |  |  |  |
| --- | --- | --- | --- |
| **a/a** | **\*** | **Certificate Title** | **Points\*** |
|  |  | Certificate of Proficiency in English (CAMBRIDGE or MICHIGAN) |  |
|  |  | Certificate in Advanced English (CAMBRIDGE) |  |
|  |  | First Certificate in English (CAMBRIDGE or MICHIGAN) |  |
|  |  | Other (please specify) |  |

**3. Certificates of other foreign languages**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **a/a** | **\*** | **Language** | **Title**  | **Points \*** |
|  |  |  |  |  |
|  |  |  |  |  |

**4. Letters of recommendation**

|  |  |  |  |
| --- | --- | --- | --- |
| a/a | **Name/Name of Entity** | **Title** | **Points** \* |
| 1. |  |  |  |
| 2. |  |  |  |

**5. Research activity/professional activity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a/a | \* | Activity | Journal / Conference / research program | **Points** \* |
|  |  | **Announcements at Greek conferences** |  |  |
|  |  | **Announcements at International conferences** |  |  |
|  |  | **Publications in greek Journals** |  |  |
|  |  | **Publications in International Journals** |  |  |
|  |  | **Participation in Research Projects** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *a/a* | *\** | **Relevant professional experience** | **Carrier** | **Years of employment** | **Points***\** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**6. Master's Degrees**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a/a | \* | Foundation  | Title​ | **Points***\** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **Recognition by D.O.A.T.A.P.** |

**7. Other supporting documents**

|  |  |  |  |
| --- | --- | --- | --- |
| a/a | \* | Documents | **Points***\** |
|  |  | Photocopy of ID |  |
|  |  | recent photograph showing the candidate 's name |  |

**8. Interview \***

|  |  |  |
| --- | --- | --- |
| **Name / Signature​** | **Degree​** | **Points***\** |
|  |  |  |
|  |  |
|  |  |
| Candidate Signature(Signature) | Withdrawal of supporting documents………………………………………………Date ………………………..Signature………………… | Thessaloniki,…………………….. |