

APPLICATION

To the
School of Dentistry
of the Aristotle University of Thessaloniki

Last Name:

First Name:

Father's Name:

Specialty:

Address:

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Tel:

Email:

**Subject: *Approval of Doctoral Dissertation at the
School of Dentistry, of the Aristotle
University of Thessaloniki, Greece***

Please accept and approve my application
to conduct a Doctoral Dissertation at the
School of Dentistry of the Aristotle
University of Thessaloniki in the field of
..... with supervisor,

Proposed title of the Doctoral Dissertation:

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Thessaloniki, 20.....

Suggested language: English

Attached, I submit the necessary supporting
documents.

Supporting documents:

1. Copy of University Diploma in Dental Sciences (Dental Degree, DDS) with Certified Equivalence by the Hellenic NARIC (www.doatap.gr), and along with the official Transcript.
2. Postgraduate Degree or any other degree received by the candidate.
3. Certificates Foreign languages (certification of English at C1 level is required).
4. Two (2) letters of recommendation sealed.
5. Curriculum vitae of the candidate
6. Draft protocol of the doctoral dissertation

Yours sincerely,

The applicant

(Name & signature)

Relevant documents for specific categories:

- Official Transcript which shows that the candidate has completed at least 2/3 of his postgraduate education
- Appointment decision as Director of the National Health System / Curator A' for 5 years / Trainee doctors
- Specialty Degree in Orthodontics / Oral and Maxillofacial Surgery
- Copies of published articles or scientific publications and/or certificates proving research and/or writing activity.