



To: Aristotle University of Thessaloniki
School of Dentistry

Postdoctoral Research Application

1. Personal Information

Last Name:

First Name:

Father's Name:

Address:

Tel:

E-mail:

ID Number: Issuing Authority:

Date of Birth:.....

2. Degrees / Diplomas

Undergraduate Studies

<i>Educational Institute</i>	<i>Department</i>	<i>Date of Graduation</i>	<i>Degree Grade</i>

Postgraduate Studies

<i>Educational Institute</i>	<i>Department</i>	<i>Date of Graduation</i>	<i>Degree Grade</i>

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Doctoral Diploma

<i>Educational Institute</i>	<i>Department</i>	<i>Date of Graduation</i>	<i>Degree Grade</i>

3. Awards and Distinctions / Scholarships

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4. Theses / Postgraduate or Master theses / Doctoral Dissertation

Type	Title	Supervisor	Degree

5. Other Scientific Publications

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6. Foreign Languages

Language	Diploma / Knowledge Level

7. Research / Professional Activity

Attached Supporting Documents

- Copy of Diploma from domestic universities or equivalent foreign degrees (with certified equivalence by the Hellenic NARIC (www.doatap.gr))
- Postgraduate Diploma / Master Degree from domestic universities or equivalent foreign diplomas/degrees (with certified equivalence by the Hellenic NARIC (www.doatap.gr))
- Copy of Doctoral Diploma from domestic universities or equivalent foreign degrees (with certified equivalence by the Hellenic NARIC (www.doatap.gr))
- Curriculum Vitae of the Candidate
- One (1) -at least- letter of recommendation from a Faculty Member or Researcher of A, B or C level, holder of a Doctoral Degree, recognized domestic or foreign research center.
- Draft Protocol of the Postdoctoral Research (according to the sample)

The applicant

Name.....

Signature

Thessaloniki/...../.....