**APPLICATION FOR THE POSTGRADUATE PROGRAM IN ORAL MEDICINE/PATHOLOGY AND THERAPEUTICS**

**2024-25**

Surname:

First name:

Father’s name:

Permanent home address:

Postcode / City:

Country:

Telephone:

e-mail:

Dental Degree:

Faculty / School / University awarded the Degree:

Please accept my application for the Postgraduate Program in Dentistry of the School of Dentistry of the Aristotle University of Thessaloniki in the Discipline chosen below *(please choose one of the following Disciplines)*:

**🞏 1. Oral Medicine and Pathology**

**🞏 2. Hospital Dentistry**

**🞏 3. Dentoalveolar Surgery**

 Thessaloniki, ………………………..

 The applicant

 ……………………………………………….

 (signature)