

To the University of the Aegean

Father's name

Date of Birth

Home address

number

Contact telephone

Department of					
				Location,	Date
	Applica	tion for Postde	octoral Research		
Please, consider	my application for	or Postdoctora	l Research at the D	Department of	of
the University o	of the Aegean.				
Personal Data					
Name / Surname			Email		

Identity Card number or

Passport Number

**ID Issue Date** 

## <u>Degrees</u>

## Undergraduate studies

Institution	Department	Date of graduation	Grade	Bachelor Thesis Topic

## Postgraduate studies

Institution	Department	Date of graduation	Grade	Master Thesis topic

## **Doctoral Studies**

Institution	Department	Date of PhD award	Doctoral Thesis Title
Foreign Languag	es (Diploma or Profic	iency Level)	
Awards - Scholai	rships		
Scientific Publica	ations		

Research - Professional Experience
Proposed Supervisor
Attached Supporting Documents
Curriculum Vitae
Copy of a bachelor degree or diploma obtained from a national Higher Education Institution or recognized Foreign Institutions
Copy of a postgraduate degree or diploma obtained from a national Higher Education Institution or recognized Foreign Institutions
Copy of a doctoral degree (PhD) obtained from a national Higher Education Institution or recognized Foreign Institutions
Copy of Certificate of Competency in a Foreign Language (if available)
List of scientific work carried out
A letter of recommendation from a professor from Greece or abroad or from a researcher of a recognized research centre in Greece or abroad, holding a doctorate
$\square$ A proposal for postdoctoral research, in accordance with the template attached
Copy of the identity card of the applicant
☐ The applicant
Signature
Date