

Application Form: Dissertation Issues

Academic Year (YY YY or YY/YY):

Name:

Surname:

Student ID:

Address

Str.:

Str. Number:

Postal Code:

City:

Mobile:

Home phone
number (optional):

e-mail:

Thermi,

The Supervisor

Department: Science and Technology, UCIPS

MSc Programme in:

To: The Secretariat of the Department **Science and Technology** of the **International Hellenic University**

Please submit to the General Assembly of the Department my application concerning:

Dissertation Details

Supervisor:

Second member of the Committee:

Third member of the Committee:

Dissertation Topic/Title:

The Applicant