

SCHOOL OF HEALTH SCIENCES
DEPARTMENT OF MEDICINE*Post Graduate Program «Rehabilitation Following Spinal Cord Lesions.
Spinal Pain Management»***Diploma Theses - Internship ***

University-Department *	Subject of Diploma Theses *	Date of approval (or expected) *	Grade *

Diploma Thesis Title *:

Supervisor *: _____

Post Graduate Studies

University-Department	Subject of Phd Theses	Date of approval (or expected)	Grade

Master Thesis or another Diploma awarded:

Supervisor: _____

SCHOOL OF HEALTH SCIENCES
DEPARTMENT OF MEDICINE*Post Graduate Program «Rehabilitation Following Spinal Cord Lesions.
Spinal Pain Management»***3. RESEARCH or CLINICAL EXPERIENCE**

Institution or Laboratory: _____

Duration: _____

Supervisor: _____

Publications (*attach hard copies*)

a) _____

b) _____

c) _____

d) _____

4. FOREIGN LANGUAGES *

Language *	Certificate *	Grade *

5. AWARDS - DISTINCTIONS

a) _____

b) _____

c) _____

6. TEACHING or PROFESSIONAL EXPERIENCE

(Please list employment's name, type of employment and dates chronologically, starting with the most recent):

a) _____

b) _____

c) _____

d) _____

* Υποχρεωτικό πεδίο



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7. OTHER ACTIVITIES AND ACHIEVEMENTS

8. LETTERS OF RECOMMENDATION *

Names and titles of the three persons from whom you have requested Letters of Recommendation

a) _____

b) _____

c) _____

9. SCHOLARSHIP

Scholarship which you have received or pursuing. (Indicate Institution, scholarship title, duration and amount.)

Signature *: _____ Date *: _____

The application can be submitted with the required supporting documents to the email address:

scl@med.uoa.gr