



GREEK REPUBLIC
UNIVERSITY OF THE PELOPONNESE
SCHOOL OF SOCIAL AND POLITICAL SCIENCES
DEPARTMENT OF POLITICAL SCIENCE AND
INTERNATIONAL RELATIONS

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TO: THE STUDENT REGISTRY OF THE
DEPARTMENT OF POLITICAL SCIENCE
AND INTERNATIONAL RELATIONS

APPLICATION

Name:

Surname:

Father's name:

Registration No:

Contact Number:.....

A) Please issue a certificate of completion of studies.

REF. NUMBER:

(it is completed by the student Registry)

USE:

- Legal use
- Recruitment to the army
- Other use:

B) Please issue a transcript for the completion of studies.

REF. NUMBER:

(it is completed by the student Registry)

USE:

- Legal Use
- Other use:

Korinth, / /

(Signature)