



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 copy of my Degree.**

**REF. NUMBER: .....**

*(it is completed by the student Registry)*

USE:

- Legal use
- Other use: .....

**B) Please issue a transcript for graduates.**

**REF. NUMBER: .....**

*(it is completed by the student Registry)*

USE:

- Legal Use
- Other use: .....

Korinth, / /

(Signature)