**UNIVERSITY OF THE PELOPONNESE**

**FACULTY OF SOCIAL AND POLITICAL SCIENCES**

**DEPARTMENT OF POLITICAL SCIENCE AND INTERNATIONAL RELATIONS**

**Aristotelous 1 & Athinon Ave., 201 32, Corinth, Greece**

**Τel: (+30) 27410-40040, e-mail:** **pedis@uop.gr**

**Application for conducting a Doctoral Thesis**

1. Personal details

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Contact tel.  |  |
| Email:  |  |
| Address: |  |

2. Qualifications

|  |
| --- |
|  **Undergraduate degree** |
| Title of undergraduate degree |  |
| Department |  |
| Institution |  |
| Date of graduation  | dd/mm/yyyy |
| **Postgraduate degree** |
| Title of postgraduate degree |  |
| Department |  |
| Institution |  |
| Date of graduation | dd/mm/yyyy |

3. Field of Doctorate Thesis

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Application for conducting a doctorate thesis after (choose one) |  | Expression of interest |  | assignment |
| Theme or temporary title of doctorate thesis |  |
| Language of doctorate thesis |  |
| Suggested supervisor (Name surname) |  |

4. Submitted documents/Consent form

Attached to this application I submit:

|  |  |
| --- | --- |
| 🗹 | A clear photocopy of degree  |
| 🗹 | Α clear photocopy of postgraduate degree  |
| 🗹 | Certificate of English language proficiency  |
| 🗹 | Transcript or Diploma Supplement |
| 🗹 | Detailed Curriculum Vitae, preferably according to the template Europass |
| 🗹 | Research design according to the template of the department  |
| 🗹 | List of additional documents which I can submit, if they are asked for (don’t submit the documents *themselves*) |
| 🗹 | Clear photocopy of i.d. card  |
| 🗹 | One (1) photograph of i.d. type  |

And I declare that:

|  |  |
| --- | --- |
| 🗹 | I am not registered student of the first or second circle and I am not conducting a doctorate thesis in another department or institution in Greece or abroad. |
| 🗹 | I am aware that the present application is equal to a consent form. Clarifications may be asked as well as extra information or documentation for the assessment of my candidacy which I will present without delay. |

Date of submission:

The applicant (signature):

DONT WRITE UNDER THIS POINT
Use only by the Student Registry

|  |  |
| --- | --- |
| Protocol number: |  |
| Date of receipt: |  |
| Has the member of Teaching Research Staff been asked? |  YES |  NO |  |
| Other notes: |  |