#

## **UNIVERSITY OF ATHENS**

## Secretariat of Master of Science Program ‘Public Health”Date:

## **Address:** Av. Alexandras 196 Registration Number:

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## **Tel.: +**0302132010207

## **Πληροφορίες** : Μ. Stathaki

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DECLARATION OF ACCEPTANCE FOR STUDIES

MSc "PUBLIC HEALTH", ACADEMIC YEAR 20..-20..

The undersigned ……………………………………………………………………………………………….................................................

Patronname........................................................., with ID .............................. Police Identification Card, I hereby declare that I accept the place to study on the Graduate Program and I request your actions in order to be registered on the Register Catalogue of Graduate Students.

|  |
| --- |
| MSc "PUBLIC HEALTH" |
|  | **Specialization 1:** Public Health Science and Policies |
|  | **Specialization 2:** Infectious Diseases-Laboratory Public Health |
|  | **Specialization 3:** Child and Adolescent Health Promotion-School Hygiene |

 *Mark your choices with (X) in the corresponding field*

Athens,.............................20..

The applicant.................................

 (Signature)

Attached document

|  |  |
| --- | --- |
| 1. | Proof of registration fee deposit (first tuition installment) of **€450** (four hundred and fifty euros) |

 This Declaration of Acceptance of Study, please be sent

completed and signed by ………… to the address:

**<mdy@uniwa.gr>**