

**ΙΑΤΡΙΚΗ ΣΧΟΛΗ ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ**

**ΠΡΟΓΡΑΜΜΑ ΜΕΤΕΚΠΑΙΔΕΥΤΙΚΩΝ ΣΠΟΥΔΩΝ**

**ΑΚΟΟΛΟΓΙΑ-ΝΕΥΡΟΩΤΟΛΟΓΙΑ**

**ΑΙΤΗΣΗ ΥΠΟΨΗΦΙΟΤΗΤΑΣ**

1. **ΠΡΟΣΩΠΙΚΑ ΣΤΟΙΧΕΙΑ**

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Επώνυμο

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Όνομα

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Όνομα Πατέρα

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Ημερομηνία γέννησης

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Τόπος γέννησης

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Αριθμός ταυτότητας ή Αριθμός διαβατηρίου

Διεύθυνση μονίμου κατοικίας

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Οδός Αριθμός

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Πόλη Τ.Κ.

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Χώρα

Διεύθυνση εργασίας

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Οδός Αριθμός

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e-mail: @

1. **ΣΠΟΥΔΕΣ**

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| **ΑΕΙ/ΤΕΙ/****ΙΔΙΩΤΙΚΕΣ ΣΧΟΛΕΣ** | **Τμήμα** | **Περίοδος Σπουδών** | **Ημερομηνία απονομής****(ή αναμενόμενη)** | **Βαθμός** |
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**3. ΞENΕΣ ΓΛΩΣΣΕΣ**

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| **Γλώσσα** | **Πιστοποιητικό** | **Βαθμός** |
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**4. ΑΙΤΗΣΗ: Οι υποψήφιοι καλούνται να επιλέξουν ένα από τα παρακάτω**

- Παρακολούθησης των υποχρεωτικών μαθημάτων στην Ιατρική Σχολή Αθηνών. 

- Παρακολούθησης των υποχρεωτικών μαθημάτων από το Διαδίκτυο (e-learning).

Υπογραφή:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ημερομηνία:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ΟΔΗΓΙΕΣ: Η Αίτηση Υποψηφιότητας να αποσταλεί, με τα παρακάτω δικαιολογητικά, ηλεκτρονικά προς τη γραμματεία του ΠΜΣ στη διεύθυνση** **vsamolis@med.uoa.gr****.**

* Έκθεση ενδιαφέροντος.
* Συνοπτικό βιογραφικό σημείωμα σε μια σελίδα Α4.