



**PSIR**

Department of Political Science and International Relations

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**APPLICATION FORM**  
**Master of Arts (M.A.) in "MEDITERRANEAN STUDIES"**  
**Academic Year 2019-2020**

Reference Number:

	<i>(to be completed by the Secretariat)</i>
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<b>Personal and Contact information</b>			
Surname:		Name:	
Father's name:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:
ID or Passport Number :		Citizenship:	
<b>Mailing Address</b>			
Street :			
City :		Post Code:	
District/Region:		Country:	
Telephone Number:			
Mobile Phone:			
Fax:			
E-mail:			
<b>Academic Background</b>			
Degree:			
Department:			
University:			
Grade:		ECTS Grade Equivalence:	
Date of Enrollment:		Date of Degree Award:	
Other Degree(s) (if any):	<i>(degree, Department, Institution, year awarded)</i>		

<b>Language Skills</b>			
Native Language:			
English Qualification(s)			
Certification (e.g. IELTS, TOEFL, TOEIC, etc.):			
Score/Grade		Date Obtained:	
Additional Language(s): <i>please list language(s) and provide certification where available</i>			

Please accept my application for the Master of Arts “Mediterranean Studies”.

I attach the copies of the following documents in English:

		<i>(Please fill in YES or NO)</i>
1.	Curriculum Vitae ( <i>preferably in Europass format</i> )	
2.	Degree certificate(s)*	
3.	NARIC Recognition**	
4.	Transcript of records of degree(s) (completed or currently studying)*	
5.	Diploma Supplement (if available)	
6.	Formal qualification of written and oral proficiency in English	
7.	A one-page motivation letter	
8.	Other supporting documents (e.g. proof of work experience, additional language skills, etc.)	
9.	Two references [referees should send themselves their letters of recommendation to the following email address <a href="mailto:pms-med@uop.gr">pms-med@uop.gr</a> ]	
10.	Identity Card or Passport	

\* *Qualifications obtained from Greek-speaking Universities may be submitted in the original language.*

\*\* *Students holding a first degree from a foreign institution will be guided for the preparation of their application to NARIC.*

Date: ...../...../.....

Signature of the applicant