Hellenic Republic



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| Aristotle University of Thessaloniki  Department of Pharmacy  Thessaloniki, University Campus, 54124 | International Hellenic University  Department of Science and Technology  University Center of International Programmes of Studies  Admissions Office  14th km Thessaloniki – N. Moudania  57001 Thermi, Greece |

Please attach a passport size photograph here

**SPECIALIST MASTERS PROGRAMME**

**APPLICATION FOR EXPRESSION OF INTEREST FORM**

**□ MSc in Digital HealthCare Technologies**

□ **Full time** □ **Part time**

**PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Surname: | | |
| First name(s): | | |
| Preferred First name: | | M/F: |
| Nationality: | | |
| Country of permanent residence: | | |
| Date of birth(dd/mm/yyyy): | Country of birth: | |

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| --- | --- |
| Street Address: | |
| Town: | Postal code: |
| Country: | |

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| --- | --- |
| Contact phone No: | Mobile phone No: |
| Fax No: | E-mail address: |

**EDUCATIONAL BACKGROUND**

Please list all universities, colleges, graduate schools, or professional schools which you have attended or are now attending, starting with the most recent.

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| --- | --- | --- | --- | --- | --- |
| Institution and Country | Degree | Subject Area | Start Date | End Date | Grade |
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**EMPLOYMENT HISTORY**

Starting from your most recent position, please list all the full-time positions you have held since graduation, if any.

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| --- | --- | --- | --- |
| Organisation / Country | Dates | Job title | Chief responsibilities |
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**PROFESSIONAL QUALIFICATIONS**

Title of Qualification:

Institution:

Date of administration:

**CPE/IELTS/TOEFL**

Test type: Score: Date:

**OTHER LANGUAGES**

In what way do you feel you could benefit from attending an IHU Specialist Masters and what do you think your contribution to the course will be? (Please use a separate sheet if necessary.)

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**REFERENCES**

Please list below two persons who will send letters of recommendation

|  |  |
| --- | --- |
| Name, Title, Address, Tel. No, e-mail | Name, Title, Address, Tel. No, e-mail |
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**FUNDING ARRANGEMENTS**

Please give details on how you plan to fund your studies at IHU.

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| --- | --- | --- | --- | --- | --- |
|  | Personal means |  | Company sponsorship |  | Scholarship |

If through a Scholarship, please state the institution providing it:

How did you **first** hear about the IHU Master programmes?

**DECLARATION**

I hereby certify that the above information and data are correct and complete. I declare that in the event of my admission and registration at the programme of studies I undertake to conform with the legal framework and the regulations of Aristotle University of Thessaloniki and International Hellenic University.

I accept that the above data may be processed by AUTh and IHU in accordance with the Greek Law on Data Protection. I consent to the storage of this information and all data in manual and digital files.

DISCLAIMER: The School reserves the right to not commence or to postpone commencement of the programme due to insufficient enrolment or other unforeseen circumstances. If a programme is cancelled or postponed, the University will refund any registration fees that have already been paid but cannot be held responsible for any other costs incurred or compensation for whatever other reason.

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| Signature |  | Date |  |