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| H E L L E N I C R E P U B L I C |  |  |
|  |  | **I.P.P. «Science and Technology of Polymers and Composite Materials»** |
|  |  | Patras, type here |

**APPLICATION**

(for registration)[[1]](#footnote-1)

**FROM**

|  |  |
| --- | --- |
| FAMILY NAME: | type here |
|  |
| FIRST NAME: | type here |
|  |
| FATHER’S NAME: | type here |
|  |
| I.D. / PASSPORT: | type here |
|  |  |
| ADDRESS: | type here |
|  |
| TELEPHONE No: | type here |
|  |
| Email\*: | type here |

*\*I will notify the Secretariat on my UPatras e-address as soon as it is activated so as for our communication from now to be conducted via this address.*

*The Secretariat has my permission to inform the Faculty of the Programme of my UPatras e-address in the frame of facilitating the educational process. (please tick √ )*

*YES*

*NO*

**TO**

Please accept my registration in the postgraduate students matrix of the Interdepartmental Postgraduate Programme “Science and Technology of Polymers and Composite Materials”.

I attach declaration stating that I consent to the program requirements which I am aware of.

|  |
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| Applicant’s signature |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Applicant’s full name |

1. Decision No: 45/31.10.2024 [↑](#footnote-ref-1)