|  |  |
| --- | --- |
| **APPLICATION**  LAST NAME(S):  NAME(S):  YEAR OF BIRTH:  PLACE OF BIRTH:  e-mail:  **ADDRESS**  STREET:. NO.:  CITY:.  ZIP NO:  COUNTRY:  MOBILE PHONE:  **BACHELOR’S/UNIVERSITY DEGREE TITLE(S)**  UNIVERSITY:  FACULTY:  DEPARTMENT:  **OTHER DEGREE TITLES :**  1. ..............................................................................  2. ..............................................................................  3. .............................................................................. | **To: SCHOOL OF FILM,**  **FACULTY OF FINE ARTS,**  **ARISTOTLE UNIVERSITY OF THESSALONIKI, GREECE**  Please accept my candidacy for the MA Program Film & Television Studies  Attached:   1. Bachelor’s/University Degree Copy 2. Transcript of Grades 3. Languages Certificate(s) 4. C.V. 5. Academic Publications   **The applicant**  (signature)  **Date** |