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| **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** |