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## MA THESIS APPLICATION

LAST NAME(S):

NAME(S):

YEAR OF BIRTH:

PLACE OF BIRTH:

e-mail:

mobile phone:

**To:** Coordination Committee “Film & Television Studies”, School of Film, Aristotle University of Thessaloniki

Please accept my application for my final MA thesis, tentatively entitled

“ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_”

which will be supervised by

\_\_\_\_\_  
\_\_\_\_\_.

Also, please find the abstract of the thesis attached.

**The applicant**

(signature)

**Date** \_\_\_\_\_