



ΔΗΜΟΚΡΙΤΕΙΟ ΠΑΝΕΠΙΣΤΗΜΙΟ ΘΡΑΚΗΣ  
DEMOCRITUS UNIVERSITY OF THRACE

## DEMOCRITUS UNIVERSITY OF THRACE

MASTER in

### «FOOD, NUTITION AND MICROBIOME»

APPLICATION (ACADEMIC YEAR 2020-2021)

#### ΠΡΟΣΩΠΙΚΕΣ ΠΛΗΡΟΦΟΡΙΕΣ

SURNAME: \_\_\_\_\_

NAME: \_\_\_\_\_

FATHER'S NAME : \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### TELEPHONE NUMBERS

HOME: \_\_\_\_\_

WORK PLACE: \_\_\_\_\_

MOBILE: \_\_\_\_\_

E mail: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

BIRTH LOCATION: \_\_\_\_\_

IDENTITY: \_\_\_\_\_

VAT: \_\_\_\_\_

VAT PLACE: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

Diploma-Profession: \_\_\_\_\_

RECENT PHOTO

I enclose hereby the supporting documents required for my participation in the Master Program:

#### «FOOD, NUTITION AND MICROBIOME»

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Attached documents:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

**All supporting documents validated must be submitted to the Secretariat of the Department of Medicine of DUTH (Dragana, Alexandroupolis, 68100) until the deadline for submission of applications which is the 20<sup>th</sup> October 2020.**

1. I hereby declare responsibly that I have been informed of the Master Regulation and I agree.

2. Tuition fees installments will be paid no later than the starting date of each semester in accordance with the procedures to be announced.