**To:  
Secretariat of the Physiotherapy Department  
University of Thessaly**

**APPLICATION FOR PLACEMENT IN THE PHYSIOTHERAPY DEPARTMENT**

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| --- | --- |
| Full Name: | |
| Father’s Name: | Mother’s Name: |
| PERMANENT RESIDENCE ADDRESS: | |
| Landline Phone: | |
| Mobile Phone: | |
| E-mail: | |

Please accept my application for placement in the Physiotherapy Department of the School of Health Sciences at the University of Thessaly.

Attached, I submit a copy of my degree from the Department of ……….………………………………

…………………………………………………………………………………………………………………………………………….

from the University ….………………………………………………………………………………………………..…….…

*I have been informed and agree to the processing of my personal data in accordance with the document posted on the website of the Physiotherapy Department at:* [*https://physio.uth.gr/pros-dedomena/*](https://physio.uth.gr/pros-dedomena/)

Lamia, ……….... 202 ... The Applicant /name – signature/