Application for Ph.D. Candidates

To: Physiotherapy Department

|  |  |
| --- | --- |
| Full Name: | ID Number: |
| Father’s Name:  | Daτε of Birth: |
| Degree: |
| University: |
| Address: |
| Tel. |  |
| E-mail: |  |

I kindly request the approval of my application for the preparation of a doctoral dissertation at the Department of Physiotherapy, University of Thessaly, on the topic:

“ …………………………………………….……………………………………………………………………………………

…………………………………………….……………………………………………………………………………………”

Language of writing:

The application, along with the supporting documents, must also be submitted electronically.

I have been informed and I agree to the processing of my personal data according to the document posted on the website of the Department of Physiotherapy at the following page: <https://physio.uth.gr/pros-dedomena/>

Date: the applicant /name – signature

Attached Documents

MANDATORY (Select the documents to be submitted as attachments)

|  |  |
| --- | --- |
| □ | Copy of B.Sc. Degree\* |
| □ | Transcript of Records for the degree courses |
| □ | Copy of Master's degree\* |
| □ | Transcript of Records for the degree courses |
| □ | Copy of Master's thesis in both digital and printed format |
| □ | Certificate of English language proficiency |
| □ | Scientific Publications |
| □ | CV |
| □ | Photocopy of ID card or Passport |
| □ | Draft of the doctoral dissertation (research protocol) |
| □ | Summary of the research protocol in Greek & English |
| □ | Two recommendation letters from faculty members of higher education institutions or employers, one of which is encouraged to be from the supervisor of the Master's thesis. |
| □ | Statement of responsibility that I have been informed of the doctoral dissertation preparation regulations of the Department, and I accept them. |
| □ | Application for obtaining a user account |
| □ | Ethics Committee approval from the Department of Physiotherapy (if required) |

*\*Degree recognition (when the degree is not from a Greek institution)*

OPTIONAL

|  |  |
| --- | --- |
| 1. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Certification by the Supervisor

I, the undersigned ........................................................................, (rank) ................................ of the Department of Physiotherapy, University of Thessaly, hereby accept to supervise the doctoral dissertation of Mr./Ms. ................................................................................................ on the topic: ........................................................................................................................ at the Laboratory of ............................................................................... of the Department of Physiotherapy, University of Thessaly, in collaboration with the Laboratory of ....................................................................................................... and I certify that (mark √ where applicable):

* The required financial resources have been secured \_\_\_\_
* The necessary technology for the preparation of the dissertation is available \_\_\_\_
* The material for the dissertation is available in the Laboratory and its use requires / does not require permission from the relevant authority (underline accordingly) \_\_\_\_
* The material for the dissertation, as described in the research protocol, will be obtained from our Laboratory, from the collaborating Laboratory, and from ..........................................., and its use requires \_\_\_\_ / does not require \_\_\_\_ permission from the relevant authority (underline accordingly) \_\_\_\_
* The dissertation will be carried out within the framework of the research program .........................................................................................................................................
* The candidate will secure a scholarship for the preparation of the dissertation from .........................................................................................................................................
* The candidate has sufficient knowledge of the English language \_\_\_\_ (if no certificate is available)

The Supervisor /signature/

I have been informed, and I agree

(Directors of the involved Laboratories/Clinics)

|  |  |
| --- | --- |
| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: |
| Laboratory/Clinic, Institution/Research Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |  |
| --- | --- |
| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: |
| Laboratory/Clinic, Institution/Research Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |  |
| --- | --- |
| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: |
| Laboratory/Clinic, Institution/Research Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |