**Το:**

Secretariat od the Physiotherapy Department

University of Thessaly

**Application for Registration in the Physiotherapy Department**

|  |
| --- |
| Full Name:  |
| Father’s Name: | Mother’s Name: |
| Date of Birth: | Place of Birth: |
| Civil Registry Number: | ΑΜΚΑ: |
| ID Card Number: | Date of Issue: |
| PERMANENT RESIDENCE ADDRESS: |
| ADDRESS IN LAMIA: |
| Landline Phone: |
| Mobile Phone: |
| E-mail: |

Please enroll me in the Physiotherapy Department of the School of Health Sciences at the University of Thessaly as:

* Successful candidate in the General Examinations of the year \_\_\_\_\_\_\_\_
* Cypriot – Homogeneous Foreigner – Non-Homogeneous Foreigner
* Athlete
* Another category:
* After the approval of my transfer from the University \_\_\_\_\_\_\_\_
* Graduate of another school (placement/admission through ranking exams)

*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/