**UNIVERSITY OF MACEDONIA**

APPLIED ACCOUNTING AND AUDITING POSTGRADUATE PROGRAM SECRETERIAT

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REG.NO : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL OF BUSINESS ADMINISTRATION**

**Department of Accounting and Finance**

Secretariat of Postgraduate Studies Program in

Applied Accounting and Auditing

Egnatia Str. 156, PO BOX 1591

Postal Code 540 06 Thessaloniki Greece

T.: +302310891693, F: +302310891649

e-mail: [maf@uom.gr](mailto:maf@uom.gr)

***ADMISSION APPLICATION***

***FOR THE POSTGRADUATE PROGRAM***

***IN APPLIED ACCOUNTING AND AUDITING***

Recent photo

**Personal Information**

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Father’s Name Mother’s Name

**Passport Information:**

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Number Issue date Country Expiration Date

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Date of Birth Place of Birth

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Place of residence Prefecture Country

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Citizenship Marital Status

**(**X the box you wish to use for mailing address)

❑ **Mailing Address in Thessaloniki:** ❑ **Permanent Residence mailing address:**

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City Postal Code City Postal Code

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Tel. e-mail

# ACADEMIC INFORMATION / UNDERGRADUATE AND POSTGRADUATE STUDIES

Please indicate in chronological order the universities and other institutions you have attended. You must submit the copy of the diplomas along with their analytical score.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **University/Other institution** | Department/City | **Degrees/Diplomas acquired** | **Score/Category of Mark acquired** | **Studies Duration** | **Date of graduation** |
|  |  |  |  |  |  |
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**FOREIGN LANGUAGES**

Note below your ability to read, write and speak in the foreign languages you know (Native tongue should not be included):

|  |  |  |
| --- | --- | --- |
| **Foreign Language** | **Diploma/Certification acquired** | **Level Acquired**  **(C2, C1, B2)** |
|  |  |  |
|  |  |  |
|  |  |  |

**ACADEMIC ACHIEVEMENTS**

Note below any recognition or distinctions for scientific achievements (such as prizes, scholarships), articles or books you have written and published, research papers or any other scientific work.

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**SOCIAL, PROFESSIONAL AND OTHER ACTIVITIES**

Activity Position Responsibilities Duration

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**PROFESSIONAL EXPERIENCE**

Mark your professional experience starting from the most recent position (if necessary on a separate sheet).

Dates Employer/ Position/

From - Until Address Responsibilities

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

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Reason for leaving

This position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason for leaving

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# MOTIVATION LETTER

Analyze your scientific and professional interests and the reasons why you are interested in our Postgraduate Studies program.

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**RECCOMENDATION LETTERS** (The letters of recommendation should be stamped and signed at the point of sealing of the envelope. They may accompany the application or be sent separately by the constituents to the Secretariat of the Postgraduate Program in Applied Accounting and Auditing by the date of submission of the supporting documents).

1. Name of recommender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Name of recommender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(provide full affiliation and description) (provide full affiliation and description)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT’S SIGNATURE**

I declare under my sole responsibility that the information given in this application is accurate and true.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The application must be accompanied by the following supporting documents:

❑ Applicant’s CV

❑ Undergraduate Degree/Diploma copy

❑ Copy of Transcript of Records with precise average

❑ Degrees/Diplomas from foreign (non-Greek) universities and other higher education institutions must be accompanied by an official translation.

❑ Two recommendation letters.

❑ Proof of professional experience (if any)

❑ Scientific publications (if any)

❑ Proof of application fees payment.

*All supporting documents should be submitted to the Secretariat of the Postgraduate Program (MSc) in Applied Accounting and Auditing of the Department of Accounting and Finance of the University of Macedonia until their submission deadline.*