

Academic Year...

Registration form To Department of Economics,

School of Economics

First Name……

Last Name……

Father’s first name…

Please, I would like to register

To the Master in Logistics and

Supply Chain Management

Date of registration

Thessaloniki, …/…/….

With honor,

Registration Form

Last Name………………………………………………………………………………………………………..............

First Name………………………………………………………………………………………………………………….....

Father’s First Name………………………………………………………………………………………………………..

Mother’s First and Last Name…………………………………………………………………………………………

Place of birth……………………………………………………………………………………………………………………..

Country of birth……………………………………………………………………………………………………………….

Year of birth………………………………………………………………………………………………………………………

Citizenship………………………………………………………………………………………………………………………..

Place of Male Registry………………………………………………………………………………………………………

Number in Male Registry…………………………………………………………………………………………………..

Military obligations Completed Not completed

Municipal roll number and place………………………………………………………………………………………..

Marital status………………………………………………………………………………………………………………………

Tax Registration Number……………………………………………………………………………………………………

Internal Revenue Service…………………………………………………………………………………………………….

University of Bachelor Diploma…………………………………………………………………………………………..

Department…………………………………………………………………………………………………………………………

Year……………………………………………………………………………………………………………………………..........

Current job (if existed)…………………………………………………………………………………………………………

Current address …………………………………………………………………………………………………………………….

Phone number……………………………………………………………………………………………………………………….

Email……………………………………………………………………………………………………………………………………….

ID number………………………………………………………………………………………………………………………………

Date of issue…………………………………………………………………………………………………………………………..

Place of issue…………………………………………………………………………………………………………………………..

I have read and accept the Terms of the Master in Logistics and Supply Chain Management.

Signature,