******UNIVERSITY OF THE PELOPONNESE**

**FACULTY OF SOCIAL AND POLITICAL SCIENCES**

**DEPARTMENT OF POLITICAL SCIENCE AND INTERNATIONAL RELATIONS**

**Aristotelous 1 & Athinon Ave., 201 32, Corinth, Greece**

**Τel: (+30) 27410-40040, e-mail:** **pedis@uop.gr**

**Application for Academic Excellence Scholarships - Stavros Niarchos Foundation for Ph.D Students**

1. Personal Information

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Contact tel. Number |  |
| Email |  |
| Address |  |

2. Field of Doctorate Thesis

|  |  |
| --- | --- |
| Title of Doctorate Thesis |  |
| Supervisor |  |
| Members of the Advisory Committee |  |
|  |

3. Submitted documents/Consent form

Attached to this application I submit:

|  |  |
| --- | --- |
| 🗹 | Detailed Curriculum Vitae, preferably according to the Europass template  |
| 🗹 | A short text ("letter of motivation", up to 400 words) |
| 🗹 | Acceptance of their application to prepare a doctoral thesis by the PEDIS G.S. |
| 🗹 | Letter of recommendation |
| 🗹 | Copy of the clearance note as it appears from the submission of the tax return of the most recent financial year. |
| 🗹 | Analytical note after the first year from the start of the thesis, which will be co-signed by the supervising professor, regarding the progress of the doctoral research in the field of study of civil society organizations and the planning of the next stages of the research with reference, among other things, to the publications in reputable international scientific journals. |
| 🗹 | List of additional documents which I can submit, if they are asked for (don’t submit the documents *themselves*) |

And I declare that:

|  |  |
| --- | --- |
| 🗹 | I am not registered student of the first or second circle and I am not conducting a doctorate thesis in another department or institution in Greece or abroad. |
| 🗹 | I am aware that the present application is equal to a consent form. Clarifications may be asked as well as extra information or documentation for the assessment of my candidacy which I will present without delay. |

Date of submission: ….. /….. /………

The applicant (signature):

DONT WRITE UNDER THIS POINT
Use only by the Student Registry

|  |  |
| --- | --- |
| Protocol number: |  |
| Date of receipt: |  |
| Has the member of Teaching Research Staff been asked? | 🞎 YES | 🞎 NO |  |
| Other notes: |  |