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| **ΑPPLICATION**

|  |  |
| --- | --- |
| SURNAME |  |
| NAME |  |
| FATHER’S NAME |  |
| MOTHER’S NAME |  |
| DATE OF BIRTH |  |
| PLACE OF BIRTH |  |
| ADDRESS(street & number) |  |
| CITY/AREA |  |
| POSTAL CODE |  |
| COUNTRY |  |
| MOBILE PHONE NUMBER |  |
| ID/PASSPORT NUMBER |  |
| ISSUING OFFICE/COUNTRY |  |
| VAT NUMBER[[1]](#footnote-1) |  |
| ISSUING OFFICE1 |  |
| EMAIL ADDRESS |  |

DATE: ………………………..……… | **TO THE SECRETERIAT OF****MASTER OF SCIENCE IN****ARTIFICIAL INTELLIGENCE AND DEEP LEARNING****DEPARTMENT OF ELECTRICAL & ELECTRONICS ENGINEERING****DEPARTMENT OF INDUSTRIAL DESIGN &** **PRODUCTION ENGINEERING****UNIVERSITY OF WEST ATTICA***Substitute with the text of your application.*……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..……………………………………………………………………..The CandidateName & Signature |

1. Applies to Greek Nationals [↑](#footnote-ref-1)