

**POSTGRADUATE PROGRAM ' INTERVENTIONAL RADIOLOGY ' - COMPLAINT FORM**

ATHENS, .././..

TO THE SECRETARIAT OF IPS 'INTERVENTIONAL RADIOLOGY'

FULL NAME:.....

FATHER'S NAME:.....

REG. NUMBER:.....

PHONE NUMBER:.....

e-mail.....

DESCRIBE YOUR COMPLAINT

I DECLARE THAT I CONSENT TO THE MANAGEMENT OF MY PERSONAL DATA BY THE ACADEMIC ADVISOR OF THE MSc 'INTERVENTIONAL RADIOLOGY' FOR THE PURPOSE OF PROCESSING MY PRESENT COMPLAINT.

APPLICANT'S SIGNATURE

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**IN CASE YOUR INFORMATION IS INCORRECT YOUR DECLARATION WILL NOT BE ACCEPTED**