



TRANS-INSTITUTIONAL POSTGRADUATE PROGRAMME

“MOLECULAR BIOMEDICINE: Mechanisms Of Disease, Molecular And Cellular Therapies And Bioinnovation”

COMPLAINT SUBMISSION FORM

TO THE SECRETARIAT OF THE M.Sc. “MOLECULAR BIOMEDICINE: Mechanisms Of Disease, Molecular And Cellular Therapies And Bioinnovation”

FIRST NAME:

FAMILY NAME:

REGISTRATION NUMBER:

Phone/Mobile:

EMAIL:

PLEASE DESCRIBE YOUR COMPLAINT:

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I declare that I consent to the management of my personal data by the Academic Advisor of the M.Sc. MOLECULAR BIOMEDICINE: Mechanisms Of Disease, Molecular And Cellular Therapies And Bioinnovation for the purpose of processing my present complaint.

Athens/...../.....

Name/Family name:

Signature:

IF YOUR DETAILS ARE INACCURATE, YOUR STATEMENT WILL NOT BE ACCEPTED.