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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **ΠΡΟΣ** | **: ΤΗ ΓΡΑΜΜΑΤΕΙΑ ΤΟΥ Π.Μ.Σ.** | | |  |  | | |  |  | | | Ημερομηνία: |  | | |  |  | | |  | | | |  |  | | | Αρ. Πρωτ.: |  | | | **ΕΠΩΝΥΜΟ** | | : | : | | | | **Όνομα** | | : | : | | | | **Όνομα Πατέρα** | | : | : | | | | **Τηλέφωνο Επικοινωνίας** | | : | : | | | | **Email επικοινωνίας** | | : | : | | | | **Εξάμηνο Σπουδών** | | : | : | | | | **Αριθμός Μητρώου** | | : | : | | |   Παρακαλούμε όπως ενεργήσετε για   |  | | --- | | (α) την έγκριση της εκπόνησης της Διπλωματικκής Εργασίας με θέμα (τίτλος και στόχοι της εργασίας): | |  | |  | |  | |  |   β) τον ορισμό των μελών της τριμελούς Επιτροπής Εξέτασης της Διπλωματικής Εργασίας.   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | | | Ο/Η Αιτών/ούσα | | | Ο/Η Αιτών/ούσα | | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  | | | (υπογραφή) | | | (υπογραφή) | | |  |  |  |  | | --- | --- | --- | | Ο/Η Επιβλέπων/ουσα Καθηγητής/τρια |  |  | |  |  |  | |  |  |  | | (Ον/μο – Υπογραφή) |  |  | |