

UNIVERSITY OF PIRAEUS DEPARTMENT OF BANKING AND FINANCIAL MANAGEMENT ENGLISH SPOKEN GRADUATE PROGRAM IN BANKING AND FINANCIAL MARKETS

M. SC IN BANKING AND FINANCIAL MARKETS

First Name

Father's Name

Recommendation Letter

Last Name

Candidate					
To Referee:					
How long have you l	known the ca	andidate ?			
In what capacity ?					
Please describe the	positive asp	ects of the ca	ndidate		
Please evaluate can	didate to th	ne following fe	atures.		
	Ideal	Excellent	Very Good	Good	Below average
Character integrity					
Maturity					
Capacity of teamwork					
Capacity of oral communication					
Capacity of written					
communication Analytical ability					
Leadership perspective					

Please provide any other information that could help the Committee to assess the ability of the candidate to attend the Msc in Banking and Financial Markets (if you wish, you can use your own form).

Please tick the relevant box correspon	ding to your a	ssessment of tl	he candid	ate.
Recommended without Recommended hesitation	ended	Recommended with hesitation		Not Recommended
The information you provide is confide evaluation of the candidate.	ential and will	be used only b	y the Cor	nmittee for the
Thank you in advance for your time	e.			
Signature		Date		
Surname		Name		
Title or position				
Institution				
Address				
Telephone Number		Fax		
E-mail				

Please send the completed Recommendation Letter to:

University of Piraeus Department of Banking and Financial Management Ms.c in Banking and Financial Markets 80 Karaoli & Dimitriou

18534, PiraeusGreece Tel.: 0030-210 414 2153, 0030-210 414 2323, 0030-210 414 2156, 0030-210 4142183. Fax: 0030-210 414 2341

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Application Form

Confidential Informations

Last Name	First Name	Father's Name		
Application for admission : Academic year 2012-2013				

Please post the completed application form and all required documents to the address below:

University of Piraeus Department of Banking and Financial Management Ms.c in Banking and Financial Markets 80 Karaoli & Dimitriou 18534, Piraeus, Greece

Tel.: 0030-210 414 2153, 0030-210 414 2323, 0030-210 414 2156, 0030-210 4142183.

Fax: 0030-210 414 2341

I. Identification Data 1. Last Name 2. First Name Father's Name Date of Birth Sex Citizenship PHOTO Date Month Male Year Female Single / Married Place of Birth S 3. Temporary Address Street & Number City ZIP Code Country Telephone No. (Include country and area code) Mobile: E-mail: **Identification Number** (or Passport Number) Tax Identification Number or VAT Number (if any) Tax Office (if any) 4. Permanent Address Street & Number City Postal Code

Country

Telephone No.

(Include country and area code)

II. University Education

5. Please report all undergraduate studies and possible graduate studies and submit the certified documents.

Academic Year (From - to)	University (Name of University, city and country)	Main Field of Study	Degree (BA, Bsc, MA, MSc, PhD, etc)	Graduation Grade (Indicate grade and scale e.g 8.39/10. If you have not graduate yet, it is obligatory to state the number of courses you need to pass in order to graduate)

6. Please indicate other educational experiences

Seminars

Date From- to	Educational Institution	Subject

7. Please list any academic distinctions :		

0. Organization			
Address			
Country			
Telephone No.			
Fax			
Organization	Country	Capacity / Brief Job Description	Period (From- to)
1. Participation in Scie	ntific Associations ,	/ International Organizations	
Dublications (if any)			
. Publications (if any)	1		
V. Linguistic Skill			
. Please indicate your	r ability in English		
ral Skills			
al Skills od / Very Good / Exc	ellent		

Good / Very Good / Excellent

Proof of knowledge in English	Certificate	Score
Proficiency of Cambridge		
Proficiency of Michigan		
IELTS		
TOEFL		
University degree on English Language and Literature		
Degree from a an English Speaking University (If University is located		
in a non-English speaking country,		
applicants should attach a certificate from the University		
certifying that all courses were conducted in English)		

14. Other Languages

Languages	Certificate

٧.	Computer	Know	ledge
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15. Please indicate your knowledge and experiences on using computers			

VI. Comments

16. Please indicate the title of your thesis for a degree (if any) and titles of articles (if any) published either in journals or in conference proceedings (peer-reviewed)

VII. Personal Goals

17. Please, describe your profess this Program, how you think it will	ional goals and explain the reason add to your skills, what you woul	ons why you would like to attend d expect to learn from it, etc
19. Please indicate positive and ne	gative aspects of your personality	y
19. Please indicate the two names	of persons who have requested f	or recommendation letter
Name and Title	Institution and Position / Capacity in which writing (e.g professor)	Address, Contact Telephone Numbers and E-mail
I hereby declare that all informatio	n in this application is valid and c	orrect.
Signature	Date	