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| --- | --- | --- |
|  | **UNIVERSITY OF THESSALY****DEPARTMENT OF BUSINESS ADMINISTRATION**  |  |

 **PhD PROGRAMME**

 **CURRICULUM VITAE**

**FULL NAME:**

**FATHER’S NAME:**

**MOTHER’S NAME:**

**ADDRESS:**

**ZIP CODE:**

**TELEPHONE NUMBER:**

**E-mail:**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**ID CARD NUMBER:**

**UNDERGRADUATE STUDIES**

DEGREE TITLE:

UNIVERSITY:

DEPARTMENT:

GRADE:

GRADUATION YEAR:

**POSTGRADUATE STUDIES**

DEGREE TITLE:

UNIVERSITY:

DEPARTMENT:

GRADE:

GRADUATION YEAR:

**POSTGRADUATE DISSERTATION**

TITLE:

THREE-MEMBER COMMITTEE:

FULL NAME (first supervisor):

FULL NAME:

FULL NAME:

**\*TEACHING EXPERIENCE**

**\*PUBLICATIONS**

**\*RESEARCH EXPERIENCE**

**\*PROFESSIONAL EXPERIENCE**

**\*OTHER QUALIFICATIONS** (Foreign languages, computer skills)

\* Please note that you may be required to submit the certificates.