



SCHOOL OF THEOLOGY  
DEPARTMENT OF THEOLOGY

**M.A. STUDIES IN  
ORTHODOX THEOLOGY**

**APPLICATION FORM**

▪ <u>FULL (LAST/FIRST) NAME:</u>
▪ <u>STATUS / PROFESSION:</u>
▪ <u>IDENTIFICATION (PASSPORT OF ID CARD NUMBER):</u>
▪ <u>DATE OF BIRTH:</u>
▪ <u>LANDLINE / MOBILE PHONE NUMBERS:</u>
▪ <u>E-MAIL:</u>

TO: The **DEPARTMENT OF THEOLOGY**,  
School of Theology, National and Kapodistrian  
University of Athens, Greece

Information & support:

- (+30) 210 727 5872
- E-mail: [orthodox@theol.uoa.gr](mailto:orthodox@theol.uoa.gr)

*I would like to apply for the M.A. Studies in  
Orthodox Theology according to the 2022-23  
Call. I have full knowledge of, and fully accept,  
the Regulations of the programme. In support  
of my application, I also include all required  
documentation.*

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Date: .....

**THE APPLICANT**

(signature)

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