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|  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **ΠΑΝΕΠΙΣΤΗΜΙΟ ΔΥΤΙΚΗΣ ΑΤΤΙΚΗΣ** | | | | | | | | | | | | | ΣΧΟΛΗ ΜΗΧΑΝΙΚΩΝ | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | ΤΜΗΜΑ ΜΗΧΑΝΙΚΩΝ ΒΙΟΪΑΤΡΙΚΗΣ | | | | | | | | | | | |  | | | |
|  | | | **Αρ. Πρωτ.: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Ημ/νία: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ΑΙΤΗΣΗ ΕΚΠΛΗΡΩΣΗΣ ΠΡΟΫΠΟΘΕΣΕΩΝ ΓΙΑ ΕΝΑΡΞΗ ΠΡΑΚΤΙΚΗΣ ΑΣΚΗΣΗΣ | | | |
| ***Ονοματεπώνυμο*** | |  | |
| ***Αριθμός Μητρώου*** | |  | |
| ***Δίπλωμα ΠΑΔΑ/ Πτυχίο ΤΕΙ*** | |  | |
| ***Κινητό***  τ***ηλέφωνο*** | |  | |
| ***E-mail*** | |  | |
| Παρακαλώ όπως βεβαιώσετε ότι πληρώ τις προϋποθέσεις έναρξης Πρακτικής Άσκησης. | | | |
| Ο/Η Αιτών/ούσα      (υπογραφή) | | | |