ΠΑΝΕΠΙΣΤΗΜΙΟ ΚΡΗΤΗΣ Ιατρική Σχολή



Πρόγραμμα Μεταπτυχιακών Σπουδών στις Νευροεπιστήμες

INITIATION FORM DIPLOMA THESIS

Name of Graduate Student
Date of initiation of diploma thesis (day/month /year)
Name of Laboratory where the Research will be performed
Faculty Member or Researcher supervising the thesis
Title of project
Names and titles of Three Member Committee
1.
2.
3.
Signature of Supervisor:
Signature of Supervisor: