**FORM FOR SUBMISSION OF COMPLAINTS AND OBJECTIONS**

Date:

Protocol number:

TO: The Secretariat of Athens International Master's Program in Neurosciences

Name:

Student ID number:

Year of studies:

Mobile phone:

E-mail:

*Please, briefly and clearly state the problem you encountered or your complaint regarding the services offered (educational, administrative, etc.).* ……………………………………………………………………………………………………………………………………… ………………. ……………………………………………………………………………………………………………………………………… ………………. ……………………………………………………………………………………………………………………………………… ………………. ……………………………………………………………………………………………………………………………………… ………………. ……………………………………………………………………………………………………………………………………… ………………. ……………………………………………………………………………………………………………………………………… ………………. ……………………………………………………………………………………………………………………………………… ………………. ……………………………………………………………………………………………………………………………………… ………………. ……………………………………………………………………………………………………………………………………… ………………. Athens, Date

Name and Signature

Privacy Claim:

The personal data of the students are processed for the examination of the submitted request/complaint, with the aim of facilitating the student and the directness and efficiency in serving the student needs. The Postgraduate Program takes all necessary measures to protect personal data.

 I declare that I unconditionally consent to the processing of my personal data for the purpose of managing this request.

 I understand that the confidentiality of the communication will be ensured, as provided for in the Internal Regulation of the NKUA and the applicable legislation.