**NATIONAL AND KAPODISTRIAN UNIVERSITY OF ATHENS**

 **FACULTY OF HEALTH SCIENCES**

**MEDICAL SCHOLL**

**“MSc IN SLEEP-RELATED BREATHING DISORDERS – LABORATORY AND CLINICAL SLEEP MEDICINE”**

**COMPLAINT SUBMISSION FORM**

TO THE SECRETARIAT OF “MSc IN SLEEP-RELATED BREATHING DISORDERS – LABORATORY AND CLINICAL SLEEP MEDICINE”

FULL NAME: …………………………….………………………………………………………………………………………….........

FATHER'S NAME: ……………………………………………………………………………………..………………………….........

REGISTRATION NO: ………………………………………………………………………………………………………………........

Mobile phone: ……….…………………………………………………………………………………………………………….........

e-mail………………….……………………………………………………………………………………………………………...........

DESCRIBE YOUR COMPLAINT

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I declare that I consent to the management of my personal data by the Academic Advisor of the MSc in “Sleep-Related Breathing Disorders – Laboratory and Clinical Sleep Medicine" for the purpose of processing my present complaint.

Athens …………………………

The APPLICANT ……..………………….

**IF YOUR DETAILS ARE INACCURATE YOUR STATEMENT WILL NOT BE ACCEPTED.**