Athens, _____

To: Library _____

Certificate of Successful Completion

It is hereby certified that:
Full name: _____
Father's name: _____
Graduate student ❑ Postgraduate student❑ Doctoral candidate ❑ of the Department/Postgraduate Program:
_____
with Registration no _____ or Identity Card/Passport Number (only if registration no is not provided)_____ has completed the ❑ graduate thesis, ❑ postgraduate diploma thesis, ❑ doctoral dissertation titled: _____
_____
_____
_____
which has been **approved** and **graded**.

Supervisor(s)
[in the format:, Full Name, Academic Rank or Position, Department, Institution or Organization]:

A. Graduate Thesis: _____, Supervisor
_____, Member of the 3-Member Committee
_____, Member of the 3-Member Committee

Supervisor

.....
(signature/stamp)
*(required **ONLY** if the Secretariat is unable to certify the thesis title)*

B. Postgraduate Diploma Thesis:
_____, Supervisor
_____, Member of the 3-Member Committee
_____, Member of the 3-Member Committee

Γ. Doctoral Dissertation:
_____, Supervisor
_____, Member of the 3-Member Committee
_____, Member of the 3-Member Committee
_____, Member of the 7-Member Committee
_____, Member of the 7-Member Committee
_____, Member of the 7-Member Committee
_____, Member of the 7-Member Committee

From the Secretariat of the Department/Postgraduate Program

.....
(signature/stamp)