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|  | Χαροκόπειο Πανεπιστήμιο ΑθηνώνΤμήμα Πληροφορικής και Τηλεματικής |
| **ΕΝΤΥΠΟ ΥΠΟΒΟΛΗΣ ΑΙΤΗΜΑΤΟΣ / ΠΑΡΑΠΟΝΟΥ ΦΟΙΤΗΤΗ** |
| Επιλέξτε πρόγραμμα σπουδών:* Προπτυχιακό Πρόγραμμα Σπουδών
* ΠΜΣ Πληροφορική και Τηλεματική
* ΠΜΣ Εφαρμοσμένη Πληροφορική
* ΔΠΜΣ Ψηφιακές Υπηρεσίες Υγείας και Αναλυτική
* Διδακτορικό Πρόγραμμα Σπουδών
 |
| Το αίτημα/πρόβλημα που περιγράφεται παρακάτω περιέχει ευαίσθητα προσωπικά δεδομένα:* Ναι
* Όχι
 |
| **Στοιχεία Αιτούντα**

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| Όνομα:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Επώνυμο:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Α.Μ.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Τηλέφωνο Επικοινωνίας:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Περιγραφή Αιτήματος / Παραπόνου** |
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|
| Κατανοώ ότι μετά την έγγραφη υποβολή του παρόντος αιτήματος/παραπόνου θα ακολουθηθεί η διαδικασία διαχείρισης αιτημάτων/παραπόνων φοιτητών του Τμήματος και είμαι διαθέσιμος/-μη να συμμετάσχω στη διαδικασία διαμεσολάβησης για την επίλυσή του.* Ναι
* Όχι
 |
| Ημερομηνία κατάθεσης αιτήματος: \_\_\_/\_\_\_/202\_\_\_Υπογραφή:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |