



HELLENIC REPUBLIC

**National and Kapodistrian  
University of Athens**

EST. 1837

**POSTGRADUATE PROGRAM  
«Geographic Information Systems»**

**COMPLAINT SUBMISSION FORM**

TO THE SECRETARIAT OF THE MSc «Geographic Information Systems»

FULL NAME: .....

FATHER'S NAME: .....

REGISTRATION NUMBER (ID): .....

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**DESCRIPTION OF YOUR COMPLAINT**

I hereby declare that I consent to the processing of my personal data by the Academic Advisor of the MSc, ....., for the purpose of processing this complaint.

Athens, .....

**THE APPLICANT**

.....

**IN CASE THE PROVIDED INFORMATION IS INACCURATE, YOUR DECLARATION WILL NOT BE ACCEPTED.**