



Postgraduate

SCHOLARSHIP PROGRAM – ACADEMIC YEAR 2018/2019

TERMS AND CONDITIONS FOR SCHOLARSHIPS OF POSTGRADUATE STUDIES IN GREEK HIGHER EDUCATIONAL INSTITUTIONS

1- Right of application

- Foreigners of Greek descent, graduates of Greek or foreign higher educational institutions.
- Foreigners, of other (non - Greek) descent, graduates of Greek or foreign higher educational institutions.

2- Duration of scholarship

- One academic year, to obtain the Greek language proficiency certificate, if necessary.
- Two years of studies, one additional academic year (maximum) may be granted upon decision of El Directorate.

3- Provisions

- Relocation fee of 700,00 euros
- Monthly allowance of 368,00 euros
- Free medical care in state hospitals, in case of an emergency
- No tuition fees are supplied

4- Obligations

- The scholarship of the Greek language student is renewed on condition that the scholarship recipient has obtained the Greek language proficiency certificate either in June or in September.
- The scholarship recipient is obliged to attend regularly his/her studies and to present satisfactory progress, continuity and stability in his/her performance.
- The scholarship can be withdrawn at any time for non – satisfactory academic.
- Progress or for illegal or improper behaviour of the scholarship recipient.
- **Supporting documents in English language (all foreign documents have to be duly certified)**
- Application
- Copy of the higher educational institution degree.
- Certificate of Greek language (if any).
- Certificate of Greek higher educational institution regarding the candidate's acceptance as a postgraduate student or for carrying out a doctoral thesis.
- Curriculum vitae.

- Two letters of recommendation as minimum.
- Certificate of the relevant authority stating the scholarship recipient and his/her parents citizenship and descent.
- one photograph
- Photocopies of passport pages.
- Certificate of Good Conduct.

5- The candidate's application will not be accepted, unless all supporting documents are submitted.

I hereby confirm that I have read the scholarship's **Instructions & financial terms** and I agree to be bound by them.

Student Name:

ID:

Date:

Signature:

State of Palestine

Ministry of Higher Education

D.G. of Scholarships & Students' Services



وزارة التربية والتعليم العالي

دولة فلسطين

وزارة التربية والتعليم العالي

الادارة العامة للمنح والخدمات الطلابية

Financial terms

Postgraduate program

- Relocation fee of 700,00 euros
- Monthly allowance of 368,00 euros
- Free medical care in state hospitals, in case of an emergency
- No tuition fees are supplied

I hereby confirm that I have read the scholarship's **financial terms** and I agree to be bound by them.

Student Name:

ID:

Date:

Signature: