**SCHOOL OF BUSINESS ADMINISTRATION**

**MSC IN FINANCIAL MANAGEMENT**

**COMPLAINT/RECOMMENDATION SUBMISSION FORM**

Full Name\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Message\*

|  |
| --- |
| *Please briefly and clearly state the problem you encountered or your complaint regarding the services offered (educational, administrative, etc.).* |

"I declare that I have been informed about the processing of the Personal Data concerning me and I give my free, specific, express and fully informed consent to the Athens University of Economics and Business, in order to process this data, in accordance with the provisions of the General Regulations Data Protection EU 679/2016 and the National Legislation, for the purposes mentioned in the relevant information." [ ]  \*

*Fields with \* are mandatory*