# GUIDELINES FOR WRITING AND PRESENTING THE MASTER'S DISSERTATION (MSC THESIS)

*Postgraduate Program: "Strategies of Developmental and Adolescent Health"*

## 1. GENERAL GUIDELINES FOR DRAFTING THE MASTER'S DISSERTATION (MDE)

The Master's Dissertation (MDE) may take the form of an original empirical research study using primary data, a meta-analysis of scientific publications, or a systematic literature review (or a narrative review if a systematic review cannot be conducted). Submitting the resulting scientific paper to a peer-reviewed foreign-language journal is regarded as particularly significant, serving as a key benchmark establishing the originality and validity of the research within the global academic dialogue.

| LANGUAGE | TYPOGRAPHY | MARGINS & LENGTH | ABSTRACT & REFERENCES |
|---|---|---|---|
| **Greek or English** | **Times 12pt / Arial 11pt** | **80–100 Pages** | **Abstract ≤ 250 words** |
| Full text in either language | Line spacing: 1.5 • Justified | 2.5 cm margins (all sides) | 100–200 references (as appropriate) |

The organization and execution of the Master's Dissertation is a multifaceted process. A first draft always requires exhaustive review, rigorous proofreading, and iterative revision before reaching its definitive submission state.

## 2. PRACTICAL RECOMMENDATIONS AND ACADEMIC WRITING PRINCIPLES

- **Dissertation Outline:** Begin with a clear foundational framework of the planned investigation, outlining each step toward completion. Summarize schematically on a single page: the research questions, the bibliographic databases to be queried, and the planned structure of the main body (arguments, core concepts, methodology).
- **Scientific Tone and Tense:** Scientific prose reports on work already conducted. Consequently, the appropriate grammatical tense in most instances is the past tense. Avoid personal pronouns such as "I" or "we".
- **Objectivity and Evidence:** Subjective impressions, personal beliefs, or ungrounded assertions introduce potential bias. Thorough bibliographic referencing is mandatory to support all statements.
- **Paragraph Structure:** Paragraphing divides lengthy arguments into digestible units, enhancing readability and comprehension. Avoid excessively long paragraphs as well as single-sentence paragraphs. Clearly distinguish paragraphs using a first-line indentation.
- **Linguistic Accuracy:** Spelling, grammar, and syntax errors must be systematically corrected through attentive proofreading.
- **Plagiarism Prevention:** Strictly avoid verbatim transcription without citation. Synthesize literature critically and rephrase concepts in your own academic voice so the dissertation constitutes genuine, original scholarship. Sources and copyright permissions must be cited for any third-party figures or diagrams.

## 3. STRUCTURAL ARCHITECTURE OF THE MASTER'S DISSERTATION

The manuscript mirrors the standard structure of scientific papers published in peer-reviewed journals. The General Part and the Special Part must be roughly balanced in length and depth so that neither section is underrepresented.

| Structural Component | Content Description and Detailed Requirements |
|---|---|
| Front Matter<br>**Cover & Inner Cover** | Formal institutional details, logos, title, student credentials, supervisor, examination committee members, and research setting. |
| Preliminary<br>**Acknowledgements & Dedication** | Personal notes recognizing clinics, laboratories, grants/scholarships, mentors, colleagues, technical staff, and family support. |
| Index<br>**Contents, Tables & Figures** | Detailed Table of Contents, Index of Tables, and Index of Figures/Charts with respective page numbers. |
| Part I<br>**General Part (Literature Review)** | Comprehensive bibliographic review moving from broader scientific concepts to specific thematic areas, integrating foundational and recent works. |
| Part II<br>**Special Part (Empirical / Review Study)** | The core investigation: *Introduction & Aims, Materials & Methods, Results, Discussion, Tables, Figures/Diagrams,* and *References*. Adapting an English draft of your publication into Greek is highly advantageous. |
| Abstracts & Annex<br>**Bilingual Summary & Appendices** | Abstract in Greek (≤250 words); English Title and Summary (≤250 words); Appendices containing conference abstracts, accepted papers, questionnaires, and glossaries. |

## 4. COVER AND INNER COVER SPECIFICATIONS

**NATIONAL AND KAPODISTRIAN UNIVERSITY OF ATHENS**
**SCHOOL OF MEDICINE**

**POSTGRADUATE PROGRAM: STRATEGIES OF DEVELOPMENTAL AND ADOLESCENT HEALTH**
**PROGRAM DIRECTOR: ASSOC. PROFESSOR ARTEMISSIA TSITSIKA**

**[ TITLE OF MASTER'S DISSERTATION IN GREEK / ENGLISH ]**

**Full Candidate Name:** [Candidate Name] • **Student ID (RN):** [Student Number]
**Professional Qualification:** [e.g., Physician, Psychologist, etc.]
**Thesis Supervisor:** [Full Name and Academic Rank of Faculty Member]
**Year of Submission:** [Year]

**Inner Cover (Title Page verso):** Must repeat all front-cover information and explicitly include all three members of the Examination Committee appointed by the MSc Steering Committee (e.g., *Supervisor: Assoc. Prof. Artemissia Tsitsika; 2nd Member: [Name/Rank]; 3rd Member: [Name/Rank]*) and the **Research Location** (e.g., School of Medicine, NKUA). A thematic image or diagram may be included on the outer cover at the author's discretion.

## 5. ELABORATION OF THE SPECIAL PART (CORE SECTIONS)

• **Introduction & Aims:** Frames the clinical/scientific problem and validates study originality. Explicitly articulates primary and secondary objectives and research questions addressed in the main body.

• **Materials & Methods:** Documents target population, sampling framework, timeframe, eligibility/exclusion criteria, data acquisition, and surveys utilized (cross-referenced to Appendices). Discloses laboratory methods, assays, instruments, software/hardware, and power calculations. Delineates multivariable modeling, confounding controls, ethical approvals, and institutional oversight. For systematic reviews and meta-analyses, full compliance with the *PRISMA* guidelines is mandatory.

• **Results & Discussion:** Results must present findings accurately and provide documented answers to the stated questions, supported by charts and tables. The Discussion evaluates conclusions, biological/clinical relevance, wider implications, and explicitly addresses study limitations.

• **References & Visuals:** Formatted strictly per the *Vancouver* or *Harvard* referencing style. Tables and figures are consolidated systematically with full, centered titles and consecutive Arabic numbering (e.g., Table 1, Figure 1).

• **Appendices:** Includes conference presentations, round table abstracts, and published/accepted articles stemming from the dissertation. Glossaries and acronym tables may also be included.

## 6. SUBMISSION PROTOCOL AND INSTITUTIONAL ARCHIVING (PERGAMOS)

The dissertation must be submitted in **three (3) printed hard copies** to the MSc Secretariat (one for each committee member) alongside an **electronic version** (MS Word format, on CD or via email). Following successful examination and grading, the finalized dissertation must be uploaded as a mandatory PDF file to the **NKUA Institutional Repository "Pergamos"** at:

> Institutional Repository URL: **https://pergamos.lib.uoa.gr/uoa/dl/frontend/login.html**

## 7. ORAL EXAMINATION AND DEFENSE PROTOCOL

The oral defense substantiates scientific mastery and disseminates acquired findings. The presentation must be clear, articulate, and aligned with pedagogical training. The defense may be delivered in Greek or English, with a strict duration cap of **fifteen (15) minutes**.

**Recommended Presentation Structure:**
• **Slide 1:** MSc program title, dissertation title, candidate name, supervisor name.
• **Background / General Part:** Rationale, clinical significance, and context.
• **Aims:** Primary and secondary study hypotheses.
• **Methodology:** Sample, design, laboratory/statistical methods, PRISMA flow (if applicable).
• **Results:** Key findings illustrated with charts and summary tables.
• **Discussion & Conclusions:** Clinical takeaway, limitations, and future research directions.