

STUDY COURSE IN PHARMACEUTICAL MEDICINE - APPLICATION FORM

I confirm my intention to attend the Study Course in Pharmaceutical Medicine. I accept the university's admission procedures and understand that the processing of personal information and documents is subject to the requirements of the data protection act.

Surname:

First names:

Address:

Telephone number:

E-Mail:

Date of birth:

Gender:

Nationality:

Languages spoken:

Application relevant qualification:

Other Qualifications

I have enclosed the relevant application documents (copies):

- ☐ one passport sized photograph
- ☐ a typed curriculum vitae
- ☐ degree certificate
- ☐ certificates of additional qualifications
- ☐ proof/certificate of employment
- ☐ a typed rational on why you want to study here and your career plans

The payment of a processing fee for the application in the amount of € 125,-- is a prerequisite for the admission to the application procedure. Upon receipt of your complete documents you will receive an invoice from us within 2 weeks including exact payment instructions.

Signature

Date