

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 rationale on why you want to study here and your career plans
- proof of processing fee (€ 125,-) payment to be paid into the following account:

Ruhr Campus Academy (RCA) gGmbH / Edmund-Körner-Platz 2 / 45127 Essen / Germany
Sparkasse Essen / IBAN: DE49 3605 0105 0000 1590 61 / BIC: SPESDE3EXXX
Keywords: Application Pharmaceutical Medicine

Signature

Date

Processing Fee of € 125,- for applications