

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: _____

Email: _____

Application relevant qualification: _____

Date of birth: _____ Sex: Male ___ Female ___ Nationality: _____

Languages spoken: _____

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 payment to be paid into the following account:
PME, Sparkasse Witten, Account No: 673 384, Sortcode: 452 500 35, Keywords:
Application Pharmaceutical Medicine

Signature Date

Processing Fee of € 125,-- for applications