

# 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: \_\_\_\_\_

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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