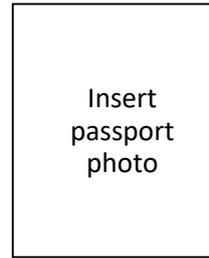


**Postgraduate Study Programme
Master of Science “Global Urban Health”**

**Centre for Medicine and Society (ZMG)
Faculty of Medicine, University of Freiburg**



Application Form

Please complete this form, sign it and send it/upload together with the required documents as described in the “Application Checklist”.

1. I would like to apply for the following study programme:

- Master of Science in Global Urban Health (MSc GUH) **according to the programme description** on the website: <https://mscglobalurbanhealth.uni-freiburg.de/>
- For the Academic Year: 20____ / 20____ (academic year begins in late September)

2. Personal details

Surname (Last name) as written in your passport	
First Name/s as written in your passport	
Gender (female/male)	
Nationality	
Date of birth (DD/MM/YYYY)	
Place of birth	
Marital status (single/married)	
Number of children (if any)	
E-mail	
House number, street, city	
P.O. Box	
Postal Code/ZIP Code	
Country	
Phone number	
Fax number (if any)	

3. Higher Education

Previous relevant study degrees (in chronologic order, starting from **latest** one)

Highest degree (PhD/BA/MA/other)	
Study period (DD/MM/YYYY - DD/MM/YYYY)	
Number of semesters	
Discipline	
Name of the institution	
Country of the institution	
Name of degree	
Result of final exam	
ECTS credit points or regular duration in years	

Highest degree (PhD/BA/MA/other)	
Study period (DD/MM/YYYY - DD/MM/YYYY)	
Number of semesters	
Discipline	
Name of the institution	
Country of the institution	
Name of degree	
Result of final exam	
ECTS credit points or regular duration in years	

Highest degree (PhD/BA/MA/other)	
Study period (DD/MM/YYYY - DD/MM/YYYY)	
Number of semesters	
Discipline	
Name of the institution	
Country of the institution	
Name of degree	
Result of final exam	
ECTS credit points or regular duration in years	

4. Professional Work Experience

Please provide information on your previous relevant work experiences particularly in urban health settings (starting with the latest one)

Name of employer			
Type of organisation			
Place of work			
Year of entry		Year of leaving	
Position held			
Main responsibilities			
Reason for leaving			

Name of employer			
Type of organisation			
Place of work			
Year of entry		Year of leaving	
Position held			
Main responsibilities			
Reason for leaving			

Name of employer			
Type of organisation			
Place of work			
Year of entry		Year of leaving	
Position held			
Main responsibilities			
Reason for leaving			

5. Research Experience (starting with the latest one)

Topic of research, title country, year of publication (if applicable)	
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6. Computer Skills (Experienced /Some experience/No experience)

Microsoft Word	
Microsoft Excel	
Epi Info or R Studio	
Microsoft PowerPoint	
Other:	

7. Reference (reference letters are not required. If necessary reference will be contacted by us)

Full name	
Postal address	
Email address	
Phone number	
Your relation to this person	

8. Please confirm that you are aware of the required financial resources for the course fees:

- My sponsor or myself will cover the **tuition fee of € 13 000** for the Master in Global Urban Health.

9. How will you finance your study costs and living expenses?

- Myself My employer I have applied for a scholarship I have obtained a scholarship

Please enclose a brief description of your funding situation with your application, if you are sponsored by your employer or were awarded a scholarship; please enclose a copy of the official notification. If you have applied for a scholarship, please enclose the application letter.

10. Visa: In case of Admission,

- I would apply for a student visa;
 I already have a student visa (copy attached);
 I would not need a visa.

11. How did you learn about this course?

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I hereby declare that the above information is, to the best of my knowledge, correct:

Place, Date

Signature