



International Graduate Program Medical Neurosciences



To be submitted by 15 January to applications-medneuro@charite.de

General Information

How did you find us?

Personal Information

Surname

First name

Date of birth

Nationality

Gender

Female

Male

Country of birth

Place of birth (city/town)

Country of residence

Address: Country in **February**

Address: City in **February (and/or nearest bigger city)**

Email address valid at least until October

SkypeID

Main phone number (incl. country and area code)

Educational Information

Title of degree

Field of degree

Field of degree (other)

Final grade/GPA score

Lowest possible score

Hint: Lower bound in your national educational system

Best possible score

Hint: Upper bound in your national educational system

End of Study

Scientific techniques used so far

Proof of English proficiency

Score of English proficiency

Referees

Referee academic title 1

Referee first name 1

Referee last name 1

Referee e-mail address 1

Referee web URL of institution 1

Referee institution 1

Referee department 1

Referee postal address 1

Referee academic title 2

Referee first name 2

Referee last name 2

Referee e-mail address 2

Referee web URL of institution 2

Referee institution 2

Referee department 2

Referee postal address 2

