REGISTRATION



Master of Advanced Studies | Maîtrise universitaire d'études avancées

MAS in Drug Discovery and Clinical Development | August 2022 – June 2023

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ADDITIONAL DOCUMENTATION	I REQUIRED						
☐ Curriculum vitae		☐ A copy of your identity do	cument	☐ A passport photo	☐ 2 reference letters		
☐ Copies of relevant university	degrees	☐ A covering letter		☐ A written authorization			
☐ For persons residing in Switzerland or who already lived/studied/worked in Switzerland with an existing ID number AVS (13 digits): a copy of any document with your AVS number (for example on your swiss health insurance card). The enrolment number for students at Swiss universities is based on the AVS number.							
FULL FILE to be returned with ha	ndwritten s	ignature hefore July 20 2022	for the Diploma	a/one month prior to the	heginning of the		
selected module to:	curned with handwritten signature before July 29 2022 for the Diploma/one month prior to the beginning of the common comm						
The information provided will be tre	ated in the st	rictest confidence in accordance	with data protect	tion legislation.			
Personal data							
Please complete in block capitals							
☐ Ms./Mrs. ☐ Mr.							
Surname/Family name:		Maiden name:					
First name:			.Middle name:				
Date of birth (day/month/year):							
Occupation:							
Swiss nationality:	□ yes □ n	o Canton:	Nationality(ies):				
MAILING ADDRESS: (tick one box only)	□ personal	□ business	BILLING ADDRE	SS: □ personal □ busir	ess		
BUSINESS CONTACT DETAILS							
Company/Institution:							
Address:							
Post code/City/Country:							
Telephone:	••••••		•••••••••••				
E-mail:							
PERSONNAL CONTACT DETAILS							
Address:							
Post code/City/Country:							
Telephone:							
E-mail:							
AVS							
Since 2011, the enrolment number fo	r students at	Swiss universities is based on th	e AVS number.				
AVS number:							
If you do not have an AVS number information in the event that your id Country of birth:	lentification o	data (Last name, first name, date	e of birth) is not u	nique in the Swiss informat	ion system:		
Country of birth: City of birth: City of birth: Surname/Family name of your father: First name of your father:							
Surname/Family name of your father	:		. First name of you	ır tather:			

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Surname/Family name of your mother:First name of your mother:



PREVIOUS UNIVERSITY EDUCATION								
Have you enrolled previously in a Swiss higher education institution? ☐ yes ☐ no								
Swiss enrolment number (SIUS)								
If you are not able to provide your enrolment number, please give the name of the last higher education institution you attended in Switzerland. This will enable us to retrieve your enrolment number:								
END OF STUDY LEVEL ☐ Federal Certificate of Competence (CFC) ☐ Vocational school-leaving certificate ☐ General school-leaving certificate / Baccalaureate (secondary) ☐ Bachelor/Master from University of Applied Sciences / University of Teacher Education ☐ Bachelor/Master/Doctorate from University or Federal Institute of Technology								
Other:	•							
HIGHEST UNIVERSITY QUALIFICATION OBTAINED								
University:								
Country:								
City:								
Degree (type of certificate: ☐ Bachelor ☐ Master ☐ Postgraduate Certificate ☐ PhD								
Full title of qualification:								
Start year:								
Number of semesters: Number of ECTS credits earned:								
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HOW DID YOU FIND OUT ABOUT THIS COURSE? (tick all that apply) Personal recommendation My company Education/careers adviser Newspaper advertisement => state which: University of Geneva brochure / Prospectus / Poster / Continuing education course catalogue University of Geneva continuing education website www.unige.ch/formcont Another website => state which: Direct enquiry to the University of Geneva E-mail advertising the course At a trade fair or show (e.g. Salon RH, Salon de l'étudiant) => state which: Other:								

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Complementary inform	ation						
EMPLOYMENT							
Are you currently in employment? ☐ Yes, full-time ☐ Yes,part-time => Percentage wor ☐ No => because you are:	☐ Seeking employment ☐ Other, please specify :	□ On training leave mployment, please complete the section	□ Retired				
Rale (ich title):							
•							
Level □ Self-employed	☐ Senior manager	☐ Middle manager	□ Employee				
Sector ☐ Self-employed business ☐ Public administration or similar ☐ Association ☐ Private company	□ NGO□ European organisation□ International organisation	on					
Size of company							
☐ 1 employee	☐ 2 to 10 employees	☐ 11 to 50 employees					
☐ 51 to 100 employees	□ 101 to 500 employees	☐ 501 to 1000 employees	□ over 1,000 employees				
Comments:							
Registration							
I would like to enrol in the: MAS in Drug Discovery and Clinical Development 2022-2023 (13 modules) and agree to pay the sum of CHF 15,500 on receipt of confirmation of my registration.							
I would like to attend the following module(s): Module 1 Module 2 Module 3 Module 4A+B Module 5 Module 6 Module 7 Module 8 Module 9 Module 10 Module 11 Module 12 Module 13 and agree to pay the due amount on receipt of confirmation of my registration (1-day-module: CHF 1,000 / 2-day-module: CHF 1,400 / 3-day-module: CHF 1,800)							
CANCELLATION CONDITIONS Any withdrawal before the start of the programme will incur an administration fee of CHF 500 Fees will be payable in full once the course has begun.							
The information provided will be treated in the strictest confidence in accordance with data protection legislation. Incomplete applications will not be considered. By signing this form, you confirm that the information you have given is correct and complete.							
Date:		Signature:					