Registration



Master of Advanced Studies Maîtrise universitaire d'études avancées

MAS in International and European Security 8 October 2018 to 31 May 2019

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) is required. The enrolment number for students at Swiss universities is based on the AVS number.

COMPLETED FILE

to be returned before 31 May 2018 to:

Siobhan MARTIN Geneva Centre for Security Policy Maison de la Paix – Chemin Eugène-Rigot Post Box 1295 - CH 1211 Geneva 1 E-mail: mas@gcsp.ch

The information provided will be treated in the strictest confidence in accordance with data protection legislation.

Personal data				
Please complete in block capitals				
☐ Ms/Mrs ☐ Mr				
Surname/Family name:	Maiden	name:		
First name:	Middle ı	name:		
Date of birth (day/month/year):				
Occupation:				
Swiss nationality:	☐ yes ☐ no Canton: Nationa	lity(ies)		
MAILING ADDRESS (tick one box only)	personal business BILLING	ADDRESS □ personal □ business		
BUSINESS CONTACT DETAILS				
Company/Institution:				
Address:				
Post code/City/Country:				
Tel:	Fax:			
E-mail:				
PERSONNAL CONTACT DETAILS				
Address:				
Post code/City/Country:				
Tel:	Fax:			
E-mail:				
AVS				
Since 2011, the enrolment number for students at Swiss universities is based on the AVS number.				
ID number AVS:				
If you do not have an AVS number (Swiss social security system), you will be allocated one by the University of Geneva. Please provide the following information in the event that your identification data (Family name, first name, date of birth) is not unique in the Swiss information system:				
Surname/Family name of your father :	father : First name of your father :			
Surname/Family name of your mother:	: First name of your mother:			



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PREVIOS 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 							
	A DOCTORATE HOLL OF TEACHAR INSTITUTE OF TECHNOLOGY						
_ other:							
University:	QUALIFICATION OBTAINED						
Country:							
City							
Degree (type of certific	ficate): \square Bachelor \square Master \square Postgraduate Certificate \square Ph D						
Full title of qualification							
Start year:	·						
Number of semesters	·						
- Additio	ional information						
HOW DID YOU FIND O	OUT ABOUT THIS COURSE? (tick all that apply)						
_							
☐ Personal recommendation							
I I My company							
☐ My company ☐ Education/careers	s adviser						
☐ Education/careers							
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Additional infor	mation				
FAADI OVAAFAIT					
EMPLOYMENT					
Are you currently in employment?					
☐ Yes, full-time					
☐ Yes, part-time => Percentage worked					
☐ No => because you are:	Seeking employment	\square On training leave	Retired		
		employment, please complete the section below based			
	were employed.	employment, pieuse complete the section below buset	on the last position in which you		
Role (job title):					
Role (Job title):					
Level		_	_		
☐ Self-employed	☐ Senior manager	☐ Middle manager	☐ Employee		
Sector		_			
Self-employed business		□ NGO			
Public administration or similar		☐ European organisation			
Association		\square International organisation			
☐ Private company					
Size of company					
☐ 1 person	\square 2 to 10 persons	\square 11 to 50 persons			
☐ 51 to 100 persons	☐ 101 to 500 persons	☐ 501 to 1000 persons	over 1,000 persons		
The following three questions are optional, but help us get a better understanding of our students' situation.					
The data are kept confidential and are strictly used for statistical purposes.					
Birth place (Country, canton if Switzerland, dept if in France):					
Civil status:	☐ single ☐ married	d \square civil partner \square divorced \square separated	\square widowed \square other		
Number of child(ren) :					
Comments:					
Registration					
I would like to enrol on the:					
	INITERNIATIONIAL AND ELID	ODEAN CECUDITY			
☐ Master of Advanced Studies (MAS) in and agree to pay the fee of CHF 15'00					
and agree to pay the ree of CHF 15 00	o on receipt of committation	on or my registration.			
CANCELLATION CONDITIONS					
	rogramme will incur an adı	ministration fee of CHF 400 Fees will be payable in t	full once the course has begun.		
Any withdrawal before the start of the programme will incur an administration fee of CHF 400 Fees will be payable in full once the course has begun.					
The information provided will be treated	I 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:					