Application Form

Summer School Molecular Medicine

application deadline March 10, 2024

Personal Details *(please print this section)*

Surname	First Name(s)

Home Address   **Work Address**

Postcode   **Postcode**

Telephone: **Telephone:**

E-mail: **E-mail:**

Nationality:

Date of Birth (month/ dd / yy):

Sex:

Marital status / children (optional):

Education - University, Bachelor/Master/Diploma etc.

Please list all **degrees/diplomas/professional qualifications etc** held at or currently studied for. **List most recent first** and give all results known whatever the outcome.

From - To Month/year	Higher Education Institution	Results (expected/awarded)

Employment and Work Experience

Please describe briefly any scientific work (whether paid or unpaid) which you have undertaken.

From - To Month/year	Employer	Job Title/Responsibilities	Achievements

Specific Skills

1. Indicate any other specific relevant skills (laboratory techniques, graphics skills etc).
2. Specify your level of experience with generic computer packages/programming languages (limited/working knowledge/ extensive).
3. List the languages you know, and indicate the level of proficiency (basic/working knowledge/fluent or native language).

Module topic preference

Please indicate two modules per complex (see list of modules) you are most interested in (1 = favorite, 2 = second choice):

I_1.

I_2.

II_1.

II_2.

III_1.

III_2.

IV_1.

IV_2.

We cannot guarantee that you will complete the modules of choice but will try to comply with your wishes. You may add a third module per complex.

Additional Information /Career choice

Please write here any additional information, not covered elsewhere which will strengthen your application. Emphasize why you consider yourself to be a strong candidate.

Referees

Academic Referee	Other Referee
Name:	**Name:**
Position:	**Position:**
Address:	**Address:**
Telephone:	**Telephone:**
Email:	**Email:**

Declaration

The statements made on this form are true. I understand any false statements may jeopardise my application and may lead to an offer being withdrawn.

Signed by
Applicant … ….…………….…………..   Name (please print)…………………………….…   Date…………………

Current supervisor

Name:

Position:

Address:

Telephone: **Email:**

Signed by
Supervisor ……………………………..   Name (please print) …………………………..……   Date …………………

Only <u>complete</u> applications which have arrived by March 10, 2024, can be considered for admission.

Your Application should contain following documents:

o   Completed application form

o   Cover letter indicating your preferences of a research topic

o   CV with picture, educational background, professional experience and picture (please, include phone numbers for possible interviews)

o   Officially translated university certificates (diploma, master or equivalent)

o   Brief summary of previous research experiences

o   Proof of English proficiency

o   2 letters of recommendation

Please send your application via E-Mail as **ONE** pdf file* to
Ms. Anne Knierim, JSMM Office: summerschool@med.uni-jena.de

*selected candidates will be asked to provide their original documents upon arrival