



To University Medicine Goettingen
Office of the Dean for Student's Affairs

Application Form for Master Program **CARDIOVASCULAR SCIENCE**

Your personal **registration number**

(has been sent to you by E-Mail): _____

Familiar name, given name: _____

Address: _____

E-Mail Address: _____

Date of Birth: _____

Hereby I apply for the Master Program „Cardiovascular Science“ for **Winter term 2019** .
(Start: October 2019)

I declare that I have not attended any scientific closely related Master Program successfully
or unsuccessfully before.

Location, Date, Signature

Please print out and sign this document personally.

Then, please scan the signed form and upload the electronic document together with all
other required documents.

Do NOT send any documents by post!!!