



**APPLICATION FOR ADMISSION TO
THE MASTER IN NEUROSCIENCE**

LAST NAME : _____

First Name(s) : _____

Address : _____

Nationality : _____

Date of birth _____

Email : _____

Phone number : _____

Mother tongue(s) : _____

English level : _____

University-level degrees earned previously

Completion date	Degree	University or other institution	Country

University-level degrees in progress

Completion date	Expected status at the end of the current academic year	University or other institution	Country



Other completed programs

Completion date	Title	University or other institution	Country

Professional experience

Dates and duration	Indicate full time or hours/week	University or other institution	Country

Publications

I hereby confirm that all information I have provided in this form is complete and accurate.

Place and date : _____ Signature : _____



LABORATORY CHOICE FORM

Please indicate 1 to 5 laboratories affiliated to the Geneva University Neurocenter (GUN) in which you are interested in doing your research project, in order of preference.

The list of faculty members approved by the GUN committee is listed to the following address <http://neurocenter.unige.ch/groups.php>.

1. _____
2. _____
3. _____
4. _____
5. _____

Please indicate the name, function, address, institute, phone and email of reference people (teacher, previous supervisor *etc.*) who can be directly contacted by the laboratory director and who is likely to support your previous work and your current application.

1. _____

2. _____

3. _____

