



LASERS IN MEDICINE AND LIFE SCIENCES 2015

Application form

Submission deadline: 30th June 2015



Personal details

Last name:

First name:

Sex: Female Male

Date of birth: Day Month Year

Contact information

Nationality:

E-mail address:

Address:

City:

Postal code:

Phone number

Education

University or college:

Orientation: Medicine Physics Other

Year of studies:

1st 2nd 3rd 4th 5th 6th PhD student PhD

English level (CEFR): A1 A2 B1 B2 C1 C2 native

Motivation

Please specify your research interests (if you already know what they are) and previous research experience (if applicable).

Please describe your motivation to participate in the summer school.

Attachments