

IMIM Application Form

www.innovativemedicine.eu

Please upload this form in the IMIM application system
Make sure to submit your completed application by 13 JANUARY 2019 (23:59 CET)

Personal details

Family/Last name		
First name		
Nationality		
Second nationality (optional)		
Date of birth (DD/MM/YYYY)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth (City, Country)		
Email-address		
Back-up email address		

Contact details

Address for correspondence	
Additional address details	
Postal code, City	
Country	
Phone number	
Back-up phone number	

Emergency contact

Name (first, last)	
Relationship to you	
Place of residence (city, country)	
Phone number 1	
Phone number 2	
E-mail address	
Back-up email address	

Erasmus+ and mobility

At which IMIM partner university would you prefer to spend the first year of IMIM?	<input type="checkbox"/> University of Groningen <input type="checkbox"/> Heidelberg University <input type="checkbox"/> University of Uppsala
ONLY for applicants that selected Heidelberg University in the question above: At which IMIM partner university would you prefer to spend the second year of IMIM?	<input type="checkbox"/> University of Groningen <input type="checkbox"/> University of Uppsala
Would you like to be considered for a possible EIT scholarship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the nationality of an Erasmus+ Programme or Partner country?*	<input type="checkbox"/> Programme country <input type="checkbox"/> Partner country
ONLY for applicants that answered <i>Partner country</i> to the question above: Have you carried out your main activity (studies, training or work) in a programme country for more than a total of 12 months between 13 January 2014 and 13 January 2019?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMIM Application Formwww.innovativemedicine.eu**Higher Educational Qualifications**

First degree (e.g. BSc / MD / Título)	
Official name degree incl. official title (e.g. <i>Título de Biología /Bachelor of Science Biotechnology/B.Eng. Biomedical Engineering/MBBS</i>)	
Official name degree in English	
Official name institution/university	
Country institution/university	
Nominal duration programme	
Enrolment date (MM/YYYY)	
(Expected) Graduation date (MM/YYYY)	
GPA/Average grade	

Optional: Other degree (e.g. MSc)	
Official name degree incl. official title	
Official name degree in English	
Official name institution/university	
Country institution/university	
Nominal duration programme	
Enrolment date (MM/YYYY)	
(Expected) Graduation date (MM/YYYY)	
GPA/Average grade	

NB Please list these and any other qualifications you may have clearly in your C.V.

English language proficiency

Please find more information in IMIM language requirements here .	
Test name (e.g. TOEFL / IELTS)	
Overall score	
(Expected) test date/test results (DD/MM/YYYY)	
Other proof (applicable to applicants that meet the requirements for exemption from a test)	

IMIM Application Form

www.innovativemedicine.eu

2/3

References

Please carefully read the crucial information concerning references for your IMIM application on this page . All references and submission thereof will have to comply with the regulations as outlined on said website. References that do not can unfortunately not be taken into consideration.	
First referee	
Name (first, last)	
Position/function	
Name institution	
Country institution	
Contact e-mail	
Second referee	
Name (first, last)	
Position/function	
Name institution	
Country institution	
Contact e-mail	
Optional: third referee	
Name (first, last)	
Position/function	
Name institution	
Country institution	
Contact e-mail	

I hereby declare that I have read all relevant application instructions provided on the IMIM website and that the information I have provided in this form and in the rest of my application is true and complete. I understand that misrepresentation may cause cancellation of my application or admission to the IMIM programme. I understand that submission of this application does not guarantee my admission to the IMIM programme and that this admission is done on the basis of a ranking of all applications. I understand that all documents I submit as part of this application become the property of the IMIM Consortium. I consent to my application being made available to the university partners of the IMIM Consortium.

<input type="checkbox"/> I agree to the above	Name	
	Date	

3/3