



Application form to

Short Courses in International Health and Disaster Management

Fill in the application form on the 2nd and 3rd pages of this document on your computer, print it out, attach photo, sign, and send it to the correspondence address below. Applicants should provide all information requested.

Please include in your application

- Filled out and signed application form (2nd & 3rd pages of this pdf)
- Short Curriculum Vitae including employment history and language skills
- One recent passport photo to be attached to the application form
- Financial guarantee: Copy of official notification letter from grant giver
- Documentation/statement on IT skills and experience

Further information

All details on courses, admission criteria, and tuition fees can be found on the relevant course descriptions on <http://www.inthehealth.ku.dk/>


Correspondence address

International Health Unit
Øster Farimagsgade 5, Building 9
PO Box 2099
DK-1014 Copenhagen K
Denmark

If you have any questions, please contact

Educational Coordinator Helle Trøst Nielsen
Tel: +45 35 32 60 91
Fax: +45 35 32 77 36
E-mail: mih@mih.ku.dk

We need a completed, printed and signed application by letter mail. You may fax or e-mail your application as a sign of interest, but the only valid application is the signed letter mail version.

<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"> <p style="text-align: center; margin: 0;">ATTACH PHOTO</p> </div>	<p>ALL INFORMATION REQUESTED IN THIS FORM IS CONFIDENTIAL AND WILL BE USED ONLY FOR PROGRAMME PURPOSES</p>	
---	---	---

COURSE NAME (EG. "SUSTAINABLE RECOVERY" OR "RISK ASSESSMENT METHODS")	ACADEMIC YEAR

	Tuition Fee I – reduced fee, for EU, EEC, Fullbright, and Rotary Students
	Tuition Fee II – normal fee, for all other students

Personal & Contact Information	
First name	
Middle name	
Family name	

Date of birth	(dd/mm/yy) DK applicants: CPR	Sex (M/F)	
Nationality			
Citizenship			
Home address			
Home/mobile phone			
Work address			
Work phone			
E-mail			
Preferred address for correspondence?	Home	Work	

Education			
1	Degree		
	Institution		
	Programme length		Year completed
2	Degree		
	Institution		
	Programme length		Year completed
3	Degree		
	Institution		
	Programme length		Year completed

How did you hear about this course/programme?

Have you already been enrolled at University of Copenhagen? Yes No
 - If yes, what was your student number?

Financing guaranteed? Yes No
 If no, please state the stage you are in the process:

I verify that all statements in this application are true and correct

 Signature of applicant _____
 Date

For students under fellowship and programme support

 Signature of person in charge of programme / project support _____
 Date