



# LASERS IN MEDICINE AND LIFE SCIENCES 2015

Application form

**Submission deadline: 31st April 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**