

APPLICATION FORM



Master of Advanced Studies in Children's Rights

2009-2010

PLEASE PRINT

Mr Ms

Family name: _____ First name: _____

Date of birth: _____ Place of birth: _____

Nationality: _____ Mother tongue: _____

Profession: _____ Employer: _____

Position: _____

Highest Degree or Diploma: _____

Knowledge of English: Excellent Very Good Good

Preferred writing language: English French German

Contact details for all correspondence:

Address: _____

ZIP Code: _____ City: _____ Country: _____

Private phone: _____ Professional phone: _____

E-mail address: _____

Date: _____ Signature: _____

Continue reverse side

