

Application for Admission to Weekly Courses

Please submit your application and all supporting materials to:

World Trade Institute

att. Ms Gaby Hofer

Hallerstrasse 6/8

3012 Bern

Switzerland

T: +41 31 631 32 70

F: +41 31 631 36 30

E: gaby.hofer@worldtradeinstitute.ch

W: www.worldtradeinstitute.ch

Please submit your application no later than two weeks before the respective course starts. A complete application includes the application form and a copy of your University Certificate. There is no application fee.

Please note that a good command of English is required to follow the courses.

My application is for admission to the specialisation week (dates) _____

on the following topic _____

SECTION I: PERSONAL DATA

1. Name

Name in full _____

LAST
FIRST
MIDDLE
 Date of birth _____
Month
Day
Year

Place of birth _____

CITY/COUNTRY
COUNTRY OF CITIZENSHIP
 Gender () F () M

2. Address

Current Mailing Address _____

Street Address

City
State or Country
Zip Code

Telephone
Fax
E-Mail

SECTION II: EDUCATION

3. Background

Is your background in

Law: _____ ()

Economics: _____ ()

Other: _____ ()

4. Academic Education

List universities attended or currently attending. Begin with most recent.

a. Name and location of institution _____

Dates Attended From _____ To _____

Actual Name of Degree or Examination (Do not translate) _____

Date Granted or Expected _____

b. Name and location of institution _____

Dates Attended From _____ To _____

Actual Name of Degree or Examination (Do not translate) _____

Date Granted or Expected _____

If you have graduated from a University **outside Switzerland**, please describe on a separate sheet the grading and honours' system used in your respective academic institutions.

5. Current position:

Name and location of institution:

Job title, responsibilities _____

6. I certify that the information contained in this application and any supplemental material submitted is accurate and complete. I will notify World Trade Institute if any of this information changes.

Date _____

Signature _____

Name Printed _____