

**Application for the course
Master of *Drug Regulatory Affairs*, 2024/2025**



M.D.R.A.
Prüfungsausschuss
Adenauerallee 15

D-53111 Bonn, Germany

Strecker (attendance of modules over several years):

module 1. year: _____

Course No 26

module 2. year: _____

Course No 27

No. of the desired module(s)

Application for the 2024/2025 program
Course 26

Application for individual modules in 2024/2025

Applicant Mr. Ms.

Surname/first name

Title/acad. degree/prof. title

Subject/nature of university degree

University/city

Year

Private address: post code/city/street/house no.

Private phone no.

Fax

E-mail

Office or Registering company (= invoice recipient)

Name of the company/government agency

Address of the company/government agency: post code/city/street/house no. or P.O. Box

Work phone no.

Fax

E-mail

Date

Signature

Obligatory Enclosures

CV (tabular) and foto

Certificate of English skills

Certified copy of university
diploma(s) with marks/
overall grade

Optional enclosures (if any):

Certificates of workshops, seminars etc.
related to Regulatory Affairs

Certificates of additional further training, if any

Certified copy of doctor's degree