

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



M.D.R.A.  
Prüfungsausschuss  
Adenauerallee 15

D-53111 Bonn, Germany

Application for a certificate course in 2024/2025

No. of the desired module(s)

Application for individual modules in 2024/2025

No. of the desired module(s)

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:

Optional enclosures (if any):

CV (tabular) and foto

Certificate of English skills

Certificates of workshops, seminars etc. related to Regulatory Affairs

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

Certificates of additional further training, if any

Certified copy of doctor's degree