## Application for the course Master of *Drug Regulatory Affairs, 2025/2026*



M.D.R.A. Prüfungsausschuss Adenauerallee 15	>	Registration deac	lline: June 2, 2025
D-53111 Bonn, Germany			
Application for the 202 Course 27	5/2026 program		
Application for individu certifcate course in 202		No. of the desired me	
Applicant Mr.	Ms.	No. of the desired mo	Julie(S)
Surname/first name		Γitle/acad. degree/prof. t	itle
Subject/nature of university degree	l	Jniversity/city	Year
Private address: post code/city/stree	t/house no. Fax	E-mail	
Office	or I	Registering company (= invoice recipient)	
Name of the company/government a	agency		
Address of the company/governmer	nt agency: post code/city/street/hou	se no. or P.O. Box	
Work phone no.	Fax	E-mail	
Date	Signature		
Obligatory Enclosures:		Optional enc	closures (if any):
CV (tabular) and foto Certified copy of university diploma(s) with marks/ overall grade	Certificate of English sk	related	ates of workshops, seminars etc. to Regulatory Affairs ates of additional further training, if any d copy of doctor's degree