

**MSc IN CLINICAL EPIDEMIOLOGY / MSc IN KLINIESE EPIDEMIOLOGIE**

**APPLICATION CHECKLIST**

**TITLE NAME SURNAME**

**STUDENT NUMBER NATIONALITY CURRENT EMPLOYER**

**EMPLOYED AS DEGREE OBTAINED FROM WHICH UNIVERSITY?**

 **YEAR**

**APPLYING FOR: FULL MSc PROGRAMME**

***\*\*Please note: Fundamentals of Epidemiology and Principles of Biostatistics are prerequisites for the other modules and have to be passed before continuing with other modules***

**CRITERIA: (For office use only) Specify:**

Completed application form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Curriculum Vitae \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Letter of motivation \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic transcript \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matric certificate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree certificate \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Minimum of 4 year health related degree)

**(Office use only)**

**Committee decision: Accepted Not accepted**

 **Pending Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**