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Please email a Certificate(s) of Proof of Internship(s) along with other application documents to AdmissionsUG.MED@soton.ac.uk and Application-KSM@gnh.net

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125. Main activities/fields

126. Name and address of organisation(s)

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Please email a copy of your CV to AdmissionsUG.MED@soton.ac.uk and Application-KSM@gnh.net.

127. Please provide details of any other paid or unpaid experience (e.g. FSJ), including dates, activities and the name(s) of the organisation(s) in the box below.

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See KSM website for details

128. Would you like to apply for a scholarship?

Yes

No

Completing application and declaration

Once this application form is complete, please save it in a PDF format and add your PDF application form and all necessary documents as separate PDFs to your application email. *

Please note this is a large document and may take a few minutes to convert to PDF. Add the completed **PDF application form and all necessary documents as separate PDFs** to your application email. *

129. Documents

I confirm the following documents will be sent by email to AdmissionsUG.MED@soton.ac.uk and Application-KSM@gnh.net.

Please check each statement to confirm that the corresponding document will be submitted. *

Agree

Application Form (PDF copy, see instructions above)

Letter of motivation

ID/Passport (scanned copy)

Residence permit (if applicable)

CV

Certified copies of all supporting documents (if already available)

- Realschulabschluss/GCSE/MYP/xxx
- A-Level/IB/Abitur
- Transcripts or certificates from University degree or other qualifications
- Nursing Internship
- Other academic or professional qualifications

130. Information confirmation *

I confirm that the information given on this form is true, complete and accurate and no information or other material information has been omitted. I accept that if this is not the case, the University of Southampton and the Kassel School of Medicine shall have all rights to cancel my application and I shall have no claim against the University of Southampton and Kassel School of Medicine in relation to this. I give my consent to the processing of my data by the University of Southampton and the Kassel School of Medicine. You have the right to cancel this application. If you are offered a place on the BM(EU) Study Programme and decide not to take up the offered place, you must inform the University of Southampton and the Kassel School of Medicine as soon as possible.

Agree

131. Date *

Format: mm/dd/yyyy