



LASERS IN MEDICINE AND LIFE SCIENCES

Application form

Submission deadline: 3<sup>rd</sup> July 2022

# Personal details

Surname:

First name:

Sex:

Female

Male

Date of birth:

Day

Month

Year

## Contact information

Nationality:

E-mail address:

Address:

City:

Postal code:

Phone number

## Education

University or college:

Orientation:

Medicine

Physics

Other

Year of studies:

1st

2nd

3rd

4th

5th

6th

PhD student

PhD

English level (CEFR):

A1

A2

B1

B2

C1

C2

native

## Motivation

Please specify your research interests (if you already know what they are) and previous research experience (if applicable).

Please describe your motivation to participate in the summer school.