



LASERS IN MEDICINE AND LIFE SCIENCES

Application form

Submission deadline: 3rd 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.