Form for admission to Regional Masters at ERAIFT
Academic year 2022-2023

I. I.Personal Information

Name : _____

Post name : _____

First name : _____

Place and date of birth : _____

Nationality : _____

Gender : [ ] [ ]   (écrire M ou F)   Marital status :

_____

Permanent address :

_____

_____

City Country : _____ Country : _____

Tél. : _____ E-mail :_____

Business address :

_____

City : _____ Country : _____

Tél/Fax : _____ E-mail : _____

Photo

II. Studies done [1]

Facility Name	Country	Program followed	De	At	Diploma and honors obtained
1.					
2.					
3.					

III. Professional experience

Facility Name	Country	Program followed	From	At
1.				
2.				
3.				

IV. Course development [2]

Facility Name	Country	Program followed	From	At	Degree obtained
1.					
2.					
3.					

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[1] Start with the most recent diploma (add the mention obtained).
[2] Indicate the advanced training courses leading to the award of a diploma.

V. Recent scientific productions (last three years)

List your scientific articles published in international journals:

1.

2.

3.

VI. Languages   Native language : _____

Ability to :

Languages	Speak	Write	Read	To understand
French				
English				
Other (s) to be specified)				

Excellent, Good, Fair

VII.   VII. Computer skills and statistics [3]

Very Good : ☐   Good ☐   Mean ☐

List the information processing equipment and software you currently use (and their technical specifications) :

_____

_____

_____

List the statistical tools you master for processing research data :

_____

_____

_____

VIII.   Motivations

Explain your main motivations for completing your Master's degree at ERAIFT.

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[3] Check the appropriate box

1.

2.

IX. Referees

Please enclose, in sealed envelopes, three letters of recommendation, from persons authorized to provide an informed opinion on the candidate (Employers, Professors, etc.)

Name and title	Adresses and tél. :	E-mail
1.		
2.		
3.		

IX. Financial plan

1. Personal funds (specify size) : _____

2. Support by an organization : _____ if yes, which ? _____

I certify on my honor that the above information is complete, sincere and accurate. I acknowledge that by knowingly providing an inaccurate indication, I will make myself liable to immediate dismissal, in the event that I am admitted.

Date   **Candidate's signature**