Please complete the registration electronically and mail the signed form with all additional documentation to the address printed at the end of this form.

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| 1. **Personal information**
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| --- | --- |
| Family name(s) |       |
| Given name(s)  |       |
| Preferred given name  |       |
| Date of birth  |       |
| Degree  |       |
| Gender  | [ ]  Female [ ]  Male |
| Nationality  |       |
|  |  |
| Hometown (Swiss)  |       |
|  |  |
| Swiss student number (mandatory if studied in CH) |       |
| Swiss social security number (mandatory if resident in CH) |       |

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| 1. **Contact information**
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| E-Mail |       |
| Mobile phone |       |

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| **Current address** (will be used as postal address) |

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| --- | --- |
| Street, no. |       |
| ZIP, City |       |
| Additional information (e.g., Country, P.O.Box) |       |

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| 1. **Application details, relations to ETH Zurich**
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| Legal residence during secondary education |       |
| Higher education completed at | [ ]  Swiss university |
|  | [ ]  Foreign university |

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| **Relations to ETH Zürich** |

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| Contacted lecturers? If yes, which one? |       |
|  |       |
| Employee of the ETH Zurich? | [ ]  Yes [ ]  No |

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| 1. **Language skills**
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|  | Native language | A1 | A2 | B1 | B2 | C1 | C2 |  |
| German | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| French | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| English | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |

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| --- | --- |
| Other native language? If yes, which one? |  |

[Link](https://europass.cedefop.europa.eu/resources/european-language-levels-cefr) to European language levels – Self assessment grid

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| 1. **Higher education**
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| Highest degree |

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| --- | --- | --- | --- | --- |
| Institution, City | Country | Start (dd.mm.yyyy) | End (dd.mm.yyyy) | Years |
|       |       |       |       |       |
| Degree | Major | Completion (dd.mm.yyyy) | GPA | Grading ScaleMax Pass Min |
|       |       |       |       |                   |
| Field |  |  |  |  |
|       |  |  |  |  |
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| 1. **Professional work experience**
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| --- | --- |
| Work experience |       year(s) |
| Current job position |       |

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| 1. **Attachments**
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| [ ] [ ] [ ]  | Passport photo in electronic formCopy residence confirmation (Swiss) or copy passport (non-Swiss)CV | [ ] [ ]  | Copy university degree record:Bachelor, Master (diploma, licentiate), Doctorate1 page letter of motivation |  |

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| Please send the complete documentation to:  | **anmeldungen-sspg@ethz.ch** |

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| 1. **Confirmation**
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| I confirm that the information given in this application is complete and correct. I am aware that intentional or unintentional misinformation can lead to the exclusion from the admission process or – if it is discovered later – to the annulment of the admission or granted degree. I authorize ETH Zurich to carry out further inquiries, as far as this should be necessary, for the evaluation of my application.I am aware of the fact that I will be automatically registered at ETH Zurich and admitted definitively into the program, as soon as I receive the positive admission decision of ETH Zurich. No further confirmation of my participation in the program is necessary. If I would like to withdraw after admission from the program, a written notice of cancellation is required. If a note of cancellation is not received within the period specified in the program information, fees will due. I agree that my contact data and photo are sent to other co-students and lecturers.**By signing this form I accept the above mentioned points.** |
| Date, place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **To be filled out by the programme manager:** |

|  |  |
| --- | --- |
| Admissions decision:  | [ ]  Yes [ ]  No |
| Recommendation: | [ ]  Yes [ ]  No |
| Basis for recommendation: | [ ]  Higher Education [ ]  Professional experience |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |