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** |

|  |  |
| --- | --- |
| 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 |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 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 Scale Max 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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Passport photo in electronic form  Copy residence confirmation (Swiss) or copy passport (non-Swiss)  CV |  | Copy university degree record:  Bachelor, Master (diploma, licentiate), Doctorate  1 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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |