Please complete the application form electronically. Please scan the signed form and email it with all additional documentation to **applications-sspg@ethz.ch**.

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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 (if Swiss) |       |
| Swiss social security number (if Swiss) |       |

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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. P.O.Box) |       |

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| 1. **Application details, relations to ETH Zurich**
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| Legal residence (Secondary Education) |       |
| Applicant previous degree from: | [ ]  Swiss university |
|  | [ ]  Foreign university |

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| **Relations to ETH Zürich** |

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| Have you contacted any lecturers? If yes, which one? |       |
|  |       |
| Are you an employee of ETH Zurich? | [ ]  Yes [ ]  No |

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| 1. **Language skills**
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Native language | A1 | A2 | B1 | B2 | C1 | C2 |  |
| 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 (foreigner)CV | [ ] [ ]  | Copy university degree record:bachelor, master (diploma, licentiate), doctorate1 page letter of motivation |  |

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

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| 1. **Confirmation**
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| I confirm that all information given in this application is complete and correct. I am aware of the fact that intentional or by negligence resulted misinformation can lead to the exclusion from the admission process or – if it is discovered only later – to the annulment of the admission. I authorize ETH Zurich to carry out other clarification, 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 like to withdraw after occurred admission from the program, a timely written notice of cancellation is compelling. By a late notice of cancellation fees will result. I agree that my contact data and photo are notified to other co-students and lecturers.**By sending this form I accept the above mentioned points.** |
| Date, city: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **To fill out by the programme manager:** |

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