



PRE-EVALUATION APPLICATION FORM (COMPULSORY)

Please read the explanation below before filling the form:

1. To fill this form is obligatory for all applicants.
2. Please be aware of filling **the correct form for the master's program you would like to attend.**
3. In this form, there are two sections that you have to fill in.

First section is to understand whether your bachelor degree is competent for the master program you are applying to, while the second section is to evaluate your previous experience in this field

NAME / SURNAME:	E-MAIL ADDRESS:
SKYPE ADDRESS:	

Program to apply: MD Engineering and Management for Health

PART A: For the following Scientific Areas list the courses you attended in your career / Bachelor Degree *Except the last column (Note), all the columns should be filled by the student. The last column will be filled by the Academic Board.

Major Areas of Study	Courses /Disciplines Accomplished	ECTS Credits (if available)	Years of Study	Hours of Study (per semester or per year)	Note* (To be filled by the Academic Board)
Mathematics and Statistics	1. 2. 3. 4. 5.				
Physics and Chemistry	1. 2. 3. 4. 5.				
Engineering and applied sciences	1. 2. 3.				



	4.				
	5.				
Medicine and Biomedical Engineering	1.				
	2.				
	3.				
	4.				
	5.				

PART B: Please list other training / extracurricular activities including non-university activities (Professional Trainings / Courses, Internships, Certificates, Seminars, Jobsetc.)

*Except the last column, all the parts should be completed by the student.

Description	Hosting Organization	Dates Issued	Total Number of Hours	Notes* (To be completed by Academic Board)