

## APPLICATION FORM

An applicant should complete and return this form to LSIEC Administration summarizing his/her experience and qualifications. To guarantee full consideration for the academic year beginning in spring/ autumn, the application form should be returned by April 1/ September 15.

### Ph.D. MS

**Family name:** \_\_\_\_\_ **First name:** \_\_\_\_\_

**Date & Place of Birth:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Marital status:** Married \_\_\_\_\_ Single \_\_\_\_\_

**Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Postal Address:**

\_\_\_\_\_ **Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Knowledge of Languages:**

Languages - Level of knowledge: A) excellent, B) good, C) fair

\_\_\_\_\_

\_\_\_\_\_

**List the degree you now hold or anticipate receiving and the school that has or will have awarded the degree.**

Degree -Date Awarded - School

\_\_\_\_\_

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\_\_\_\_\_

**Main specialization** \_\_\_\_\_

**List any awards, grants, scholarships, etc., you have received:**

\_\_\_\_\_

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\_\_\_\_\_

**Proposed program of study:**

- Pain Study and Management
- Natural Medicine and Environmental Health
- Environmental Science
- Epidemiology
- Clinical Biochemistry
- Biophysics
- Biotechnology
- Agricultural Biotechnology
- Neuroscience
- Biomedical Engineering
- Computers and Their Applications in Life Sciences
- Mathematics

**Study to begin:** in spring \_\_\_\_\_ in autumn \_\_\_\_\_

**Academic Accomplishments:**

List any special programs attended, projects completed, teaching experience, publications, performance or exhibits, and/or any activities that would enable the review committee to better evaluate your application.

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**Please indicate if accommodation is required:** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify:

Furnished private room \_\_\_\_\_

Student's Hostel \_\_\_\_\_

**Please attach any further information that could be relevant for your admission.**

\_\_\_\_\_  
(Signature) (Date)

**For more information contact Center Administration:**

31 Acharyan St., Yerevan 375040, Armenia

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Fax: (374 1) 61 24 61

E-mail: [life@arminco.com](mailto:life@arminco.com)