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**Application for a Weekly Course of the MILE Programme**

### Please send a completed version of this application form along with your CV to Ms Sandra Joseph at [sandra.joseph@wti.org](mailto:sandra.joseph@wti.org) (subject line: Application Weekly Course) no later than two weeks before the course begins. We try to send you a confirmation within a few working days. A good command of English is required to follow classes. There is no application fee.

Along with your application please send us an electronic photograph (head shot) as well as a short biography. For examples please see [http://www.wti.org/institute/people/?](http://www.wti.org/institute/people/?%20) This will be distributed to your faculty and classmates.

**SECTION I: PERSONAL DATA (PLEASE USE BLOCK LETTERS)**

1. **NAME**

LAST NAME FIRST NAME MIDDLE NAME

## PRIVATE ADDRESS

|  |  |  |
| --- | --- | --- |
| STREET ADDRESS | | |
| ZIP CODE | CITY |  |
| COUNTRY | | |
| TELEPHONE | FAX | EMAIL |

1. **DATE OF BIRTH/CITIZENSHIP/GENDER**

/ / DAY MONTH YEAR

CITIZENSHIP(S)

GENDER ( ) FEMALE ( ) MALE

**SECTION II: SELECT COURSES**

## SELECT WEEKLY COURSE

I WISH TO SIGN UP FOR THE FOLLOWING WEEKLY COURSE(S): (1)

DATES

TITLE OF COURSE

(2) DATES

TITLE OF COURSE

## HOW DID YOU LEARN ABOUT THE WEEKLY COURSES OF THE MILE PROGRAMME?

|  |  |  |
| --- | --- | --- |
| * STUDENT AT THE WTI | * WORK COLLEAGUE | * POSTER/FLYER AT WORK/UNIVERSITY |
| * LECTURER OF THE MILE | * PROFESSOR AT UNIVERSITY | * MOOT COURT |
| * GOOGLE ADVERTISEMENT | * LLM-GUIDE.COM | * MASTERSTUDIES.COM |
| * POSTGRADUATE.CH | * WORLDTRADELAW.NET | * TRADELAWGUIDE.COM |
| * INTERNET SEARCH (GOOGLE, YAHOO, OTHERS) | | |
| * EMAIL | | |
| * OTHER, PLEASE SPECIFY: | | |

**SECTION III: ACADEMIC BACKGROUND**

## ACADEMIC BACKGROUND

(E.G. LAW, ECONOMICS, INTERNATIONAL RELATIONS, POLITICAL SCIENCE, BUSINESS ADMINISTRATION)

## CURRENT/LAST SCHOOL

(1)

|  |  |
| --- | --- |
| NAME OF INSTITUTION | |
| STREET ADDRESS | |
| ZIP CODE CITY |  |
| COUNTRY | |
| DATES ATTENDED FROM/UNTIL | |
| ACTUAL NAME OF DEGREE OR EXAMINATION (DO NOT TRANSLATE) DATE GRANTED OR EXPECTED | |

**SECTION IV: CURRENT EMPLOYER**

1. **CURRENT EMPLOYER (IF APPLICABLE)**

(1)

|  |  |
| --- | --- |
| NAME OF INSTITUTION/COMPANY | |
| STREET ADDRESS | |
| ZIP CODE | CITY |
| COUNTRY | |
| INDUSTRY | |
| JOB TITLE | |
| MAIN RESPONSIBILITIES | |

**SECTION V: SIGNATURE**

1. **ACCURACY AND COMPLETENESS OF INFORMATION**

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM AND ANY SUPPLEMENTAL MATERIALS IS ACCURATE AND COMPLETE AND I WILL NOTIFY THE WTI IF ANY OF THIS INFORMATION CHANGES. I WILL TRANSFER ALL COURSE FEES UPON ADMISSION.

DATE AND PLACE

SIGNATURE

NAME PRINTED