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[www.wti.org](http://www.wti.org/) sandra.joseph@wti.org

**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 (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