Master of Epidemiology

Pre-screening form

This pre-screening is a preliminary appraisal of the suitability of your academic background and is one of the decisive components in the screening of your application file. Fill out your pre-screening form meticulously. Please make sure to convert into PDF and rename this document to "lastname_firstname.pdf" and upload your pre-screening application along with all the required supporting documents to your application file in Mobility Online.

1 Personal Data

All fields of this section have to be filled out.

The form of your name should correspond exactly with your university degree and your application details in Mobility Online.

Family name:

First name:

Date of Birth:

2 Academic Data

List as many as relevant to this application and copy the table as often as necessary.

Only Higher Education is requested, start with highest/most advanced degree.

Institute/University:

Address:

E-mail of Faculty contact person

URL programme of degree(s) relevant to this application:

Diploma/Degree:

From (date):

Untill (date):

Final Grade:

Grade conversion scheme into %:

Extra info:

(Copy this table as often as necessary.)

3   Professional and practical experience

List as many as appropriate and copy table as often as necessary.

Employer:

Function: title

Type of work:

Duration from (date)   until (date)

4   Scientific background requirements

To be eligible for the program Master of Epidemiology, a student should have basic (bio)medical and statistical knowledge. Please, prove that you have the required background by filling out the tables below. You may have acquired some of these skills on your own, outside a course. If this is the case, mention "self study" as the Course Name.

4.1   Epidemiology related Research Methods

- Course name:
- Number of ECTS:
- Course description:
- Evaluation methods:
- Optional: number of hours of theory and practice:

(Copy table as often as necessary.)

Course name:

Year:
Semester:
Credits:
Grade:
Evaluation Methods:
Keywords:

Course description:

4.2   Statistics

- Course name:
- Course description:
- Statistical software:
- Numbers of ECTS:
- Evaluation Methods:
- Optional: numbers of hours of theory and practice:
- *Copy table as often as necessary.)*

Course name:

Year:
Semester:
Credits:
Grade:
Evaluation Methods:
Keywords:

Course description:

4.3 Abstract of Bachelor and/or Master dissertation

- Type (Bachelor thesis, master thesis)

- Title

- Abstract

- Links (optional)

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- *Copy table as often as necessary.)*

Type:
Title
Link (optional)

Year:
Semester:
Credits:
Grade:
Evaluation Methods:
Keywords:

Abstract:

4.4 Scientific publications

- Publications: reference list

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Reference list

5   Declaration by the applicant

I hereby certify that the information provided in this form is accurate and complete. I understand that inaccurate, incomplete or illegible information may affect my application. Misrepresentation of this information is ground for admission denial or even expulsion from the University of Antwerp.

Date:

Place:

 Signature:

X _____

Privacy

The University of Antwerp Faculty of Medicine is responsible for the processing, storage and management of these personal data. In compliance with the law of December 8th 1992 on the safeguarding of personal privacy, the data which are entered are only used for administrative purposes and will not be passed on to third parties. After a simple request and without further costs the user can consult these data at all times. If the user wishes so, they will be corrected within a reasonable span of time and wit