



Application

Master in International Health (MIH)

Indicate the session you are applying to

September March Year

Personal details

Family name Male Female
Given name(s)
Date of birth Place of birth
Nationality Marital status Married Single
Mailing address
Residence address
Telephone Fax
E-mail

Academic qualifications

List your most recent qualification first. Postgraduate or professional courses can be listed in the next section. Include certified true copies of diplomas and transcripts, accompanied by certified translations if they are not in English.

Name of institution	Location	Years attended (from - to)	Field of study	Degree awarded
.....	-
.....	-
.....	-

Postgraduate courses

List your most recent course first.

Name of institution	Location	Dates (from - to)	Subject	Qualification
.....	-
.....	-
.....	-

Employment record

List your present employer below and your previous employer on reverse. Continue on a separate sheet if you have had more than two employers in the last five years or have held posts simultaneously.

Present/most recent employer Period of employment
Address of employer
Telephone Fax
E-mail
Type of organization Position
Describe your duties and responsibilities

Previous employer	Period of employment
.....
Address of employer	.....
.....
Type of organization	Position
.....
Describe your duties and responsibilities	.....
.....

References

List two people who have agreed to act as a reference for you.

Name	.....
Position	.....
Address	.....
E-mail	Fax
.....
What is your relation to this person?	.....
.....

Name	.....
Position	.....
Address	.....
E-mail	Fax
.....
What is your relation to this person?	.....
.....

Additional details

English proficiency: check the box that applies to you	<input type="radio"/> I am a native English speaker or completed my higher education in English <input type="radio"/> I have taken an English proficiency test (TOEFL or IELTS). Certificate is enclosed with this application <input type="radio"/> I will take an English proficiency test (TOEFL or IELTS). Certificate to follow at a later date
How did you hear about this course?	<input type="radio"/> KIT alumni <input type="radio"/> Brochure <input type="radio"/> Africa Health <input type="radio"/> Website <input type="radio"/> Other:
Would you like to receive updates via our digital newsletter?	<input type="radio"/> Yes <input type="radio"/> No

Fee payment

Who will pay for your study costs and living expenses?	<input type="radio"/> Myself <input type="radio"/> My employer <input type="radio"/> I have applied for a fellowship from:	<input type="radio"/> I have applied for a NFP fellowship <input type="radio"/> I have obtained a fellowship from:
.....

Signature and enclosures

I declare that the information I have provided on this application is true and complete.

Date	Signature
.....
Include the following documents with your application	<input type="radio"/> Complete and up-to-date curriculum vitae and a list of publications, if applicable <input type="radio"/> Certified copies of academic transcripts and diplomas <input type="radio"/> Certified translations of academic transcripts and diplomas if they are not in English <input type="radio"/> If applicable proof of competency in English (TOEFL or IELTS) <input type="radio"/> A description of your reasons for applying to the course (250 words maximum) <input type="radio"/> Please indicate any special needs due to physical or learning disabilities.
.....

*Send this form, including enclosures, to:
 Royal Tropical Institute, KIT Development Policy & Practice, Area Education
 ICHD/MPH Course Coordinator
 P.O. Box 95001, 1090 HA Amsterdam, The Netherlands
 In all correspondence, please mention your full name, nationality and the course to which you are applying.*