Università della Svizzera italiana Faculty of Economics MAS HLM Humanitarian Logistics and Management

Application Form MASHLM Program

9th edition, 2017-2018

Personal data	First name / given name							
(as in	Middle names(s)							
your passport)	Surname (Family name)							
	Address House number & Street name							
Postal code				City				
	Country Nationality							
	Place of birth							
	Date of bi	rth	Day		M	Month		Year
	Marital sta	Children:			•			
	Gender Female					Male		
	Phone			Private Email				
	Only Swiss nationals: Bürgerort/Lieu d'origine/Luogo d'origine incl. Canton							

Educational experience	Institution	Location	Degree	Dates of attendance			
professional & academic							
degrees							
achieved							
	Other course / certificates after graduation						

Business / Organization	Organization name					
	Office address	House number & Street name				
	Postal code	City				
	Country					
	Phone					
	Business Email					
	Current position within the organization					
	Years of professio	nal experience	Years of professional experience in			
	within the organiz	zation	the humanitarian field			
	Your contact at th	at the Human Name & Position				
	Resource departm	ent				
	Email		Phone			

The reservation deposit will not be refunded even in case the participant do not attend the program

I agree and clarify that all the information above provided corresponds to the truth:

Date	Signature

How did you	By word of mouth (through whom?)
hear about	
MASHLM	From the internet (please specify which site)
	Through other advertisement (please specify)
	Other (please specify)

	A complete and updated Curriculum Vitae			
Mandatory Enclosures:	Motivational Essay			
Make sure that you	Two letters of reference			
send them together	Diplomas (scanned copies)			
with your application	Digital photo			
	Passport copy			