



Master of Advanced Studies in Children's Rights (2013 – 2014)

INSTITUT UNIVERSITAIRE KURT BOSCH – UNIVERSITY OF FRIBOURG

Auditor application form Module

PLEASE PRINT

Mr

Ms

Family name:

First name:

Date of birth:

Mother tongue:

Nationality:

Profession:

Employer:

Position:

Highest Degree or Diploma:

Knowledge of English: Excellent Very Good Good

Preferred writing language: English French German

Contact details for all correspondence:

Address:

Zip Code:

City:

Country:

Private phone:

Professional phone:

E-mail address:

Date :

Signature:

Payment of tuition fee (CHF 2.000,00)

Bank transfer

Bank : Banque Cantonale du Valais, Rue des Cèdres 8, CH - 1950 Sion
On account of: Institut Universitaire Kurt Bösch, CP 4176, CH - 1950 Sion 4
Account number: T0168.37.46
IBAN : CH86 0076 5000 T016 8374 6
SWIFT : BCVSCH2L
Mention: MCR 2013-2014 – Family name & First name

Please charge my credit card

Credit card: Eurocard / Mastercard Visa

Card number:

CVV number: (last three digits printed on the signature on the back of the card, immediately following the credit card account number)

Expiry date : (M / Y)

Date :

Signature :

Please add the following documents to your application:

1. A letter of motivation;
2. A curriculum vitae that includes career and work experience in children's rights

This application form and all accompanying documents must be submitted in English to the following address:

Institut Universitaire Kurt Bösch (IUKB)
MAS in Children's Rights
P.O. Box 4176
CH – 1950 Sion 4
Tel. (+41) 27 205.73.00 – Fax (+41) 27 205.73.01

Deadline for application: **at least one month before the start of the module you want to apply for**

Additional questions:

How did you learn about the MCR?

- I received a brochure personally
- My organisation / university / company received a brochure
- E-Mail List: (Name)
- Journal: (Title)
- Website: (URL)
- Other: