

Date of receipt stamp

--

Institute of Medical Biometry
Attn: Mrs Andrea Wendel
Universität Heidelberg
Marsilius-Arkaden, Turm West
Im Neuenheimer Feld 130.3
D-69120 Heidelberg

**Application for Admission in Winter Semester 2025/2026
to the Training Programme**

Medical Data Science

Application deadline:
15 June 2025

Personal Information

(all fields are required)

Surname		First name	
Date of birth	Sex	Nationality	
Street address (street, house number)		Postal Code, City, State or Province	
Home telephone	Work telephone	Mobile phone	
Email:			

Information Regarding University Degrees Earned:

(be sure to provide documentation of degrees earned, copies of unofficial transcripts)

I hold a university degree in the following subject:

- ☐ Biostatistics (Bachelor's programme consisting of a minimum of 6 semesters or a "Diplom" (German university degree))
- ☐ Statistics (Bachelor's programme consisting of a minimum of 6 semesters or a "Diplom" (German university degree))
- ☐ Medicine
- ☐ Mathematics (Bachelor's programme consisting of a minimum of 6 semesters or a "Diplom" (German university degree))
- ☐ Psychology
- ☐ _____ (must include documentation of advanced studies in statistics* and a Bachelor's programme consisting of a minimum of 6 semesters or a "Diplom" (German university degree))

Degree Earned	Grade Point Average
---------------	---------------------

Information on Training Programmes:

I hold an additional university degree in the following subject:

Information on Work Experience/Professional Training/Practical Experience

I am currently employed

☐ yes

as
Employer (company/institution)

☐ no

The following documents are attached:

- ☐ Copy of the grade transcript from the applicant's degree programme(s)
- ☐ Curriculum vitae

Data protection declaration

I understand that the data in this registration form will be stored in accordance with [Art. 6, paragraph 1 \(b\) of the GDPR](#) in a data processing system. The data will be used for administrative activities related to the degree programme and for statistical purposes. The data will not be shared with any third parties.

☐ I hereby confirm that the information I have provided is correct and complete.

☐ I have read and accepted the provisions of the [data protection declaration](#).

Place, date	Signature
-------------	-----------