

Registration for the Master Program „Regulatory Affairs and Drug Development“ in the winter semester 2024/25

Surname:

First Name:

Matriculation Number:

University:

Study Program:

Current Semester:

E-mail:

I hereby register for the Master Program "Regulatory Affairs and Drug Development" within the Institute of Pharmaceutical Sciences for the winter semester 2024/25.

.....
Place, Date, Signature of the Student

I agree that the Institute of Pharmaceutical Sciences of the University of Freiburg forwards the following data for the purpose of communication and exchange of information to training partners/lecturers of the Master Program Regulatory Affairs and Drug Development:

- Surname, First Name
- E-mail address
- Details of the degree program / doctorate

.....
Place, Date, Signature of the Student

You can request that the Institute of Pharmaceutical Sciences corrects, deletes or blocks individual personal data at any time. You can also exercise your right to object at any time without giving reasons and amend or completely revoke your declaration of consent with effect for the future. You can send your revocation either by post or by e-mail to the Institute of Pharmaceutical Sciences.