

For billing use the address of the \*

Applicant

Other

Organisation \*

UNIL - Ecole de médecine

Title

Mme

First Name \*

Miléna

Last Name \*

Magnin

Address lines \*

(e.g.: Unit, department, street.)

Bugnon 21

246 remaining characters

Zip Code \*

1011

City \*

Lausanne

Billing email \*

master\_med@unil.ch

Billing phone

(Please include the country prefix. E.g.: +41...)

+41 21 692 50 09

Additional billing instructions

Master en médecine

237 remaining characters