

Applicationform Erasmus Colleges iBMG for student of other universities

Last name (as in your passport):		Title:	M/F
First name(s) (as in your passport):			
Date of birth:	Place of birth:		
Nationality:			
Street:			
Postal code + City:			
Country:			
Telephone number:	E-mail:		
Current university:			
Current study:			
Obtained ECTS:			

Master Health Care Management

6 ECTS - maximum of 2 courses

Courses completely in English

- GW4002MV Patient-centered Care Delivery
- GW4003MV Advanced Research Methods
- GW4004MV Organisational Behaviour
- GW4005MV Health Service Operations Management
- GW4006MV Financial Management
- GW4007MV Quality and Safety
- GW4009MV Health Care Purchasing & Supply Management
- GW4010MV Optimising Health Service Networks
- GW4011MV Health Services Innovation
- GW4012MV Health Informatics

Classes in English, workgroups in Dutch

- GW4003MD Advanced Research Methods
- GW4005MD Health Service Operations Management
- GW4006MD Financial Management
- GW4007MD Quality and Safety
- GW4009MD Health Care Purchasing & Supply Management
- GW4010MD Optimising Health Service Networks
- GW4011MD Health Services Innovation
- GW4012MD Health Informatics

Please include:

- Valid copy of birth certificate or copy of passport
- Passport photo
- Original proof of Tuition Fee Payment (Bewijs Betaald Collegegeld)
- Approval Examination Board current university
- Overview obtained ECTS
- Motivation

Date:

Place:

Signature:

Send this form along with the required documents to:

Erasmus University Rotterdam
Toelatingscommissie iBMG - Room J7-37
PO Box 1738
3000 DR Rotterdam
E-mail: toelatingscommissie@bmg.eur.nl