

For billing use the address of the *

Applicant

Other

Organisation *

UNIL · École de médecine

Title

Mme

First Name *

Eléonore

Last Name *

Coignet

Address lines *

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

Rue Dr César-Roux 19

246 remaining characters

Zip Code *

1005

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