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**UNIVERSITÄT  
BERN**

Faculty of Medicine

**sitem Center for Translational  
Medicine and Biomedical  
Entrepreneurship**

# Application for a MAS/DAS in Medical Device Regulatory Affairs and Quality Assurance

Please submit an electronic copy of the completed form to [school@sitem.unibe.ch](mailto:school@sitem.unibe.ch)

First Name

Family Name

Email

Phone

Address

BSc

MSc

PhD

Highest Degree Completed

Topic of Highest Completed Degree

I am interested in applying for

MAS in Medical Device Regulatory Affairs and Quality Assurance

Are you interested in undertaking the industry-based learning placement?

Yes, in my current place of employment:

Yes, I would like to apply for a placement

No

DAS in Medical Device Regulatory Affairs and Quality Assurance

Individual modules:

Comments

Thank you for your application, a course coordinator will contact you soon.