

TRANSatlantic FORestry Master



Master of Forestry – TRANSFOR-M Applicant Questionnaire

Applicant Last Name		-
Applicant First Name		-
Date of Birth _		_
Nationality		-
Gender		-
Telephone		_
E-Mail		_
Mailing Address		
Present/Last Institution At	ttended	
Name of Present/Last deg	ree program	
(Please include additional	l degree and institutions attended	in your CV)
Date of degree completion	n/Expected date of completion	
Indicate English language (for example, IELTS or TOE	test scores EFL, if applicable for non-native spec	akers)
Preferred European Unive	ersity (list top three in ranking orde	r 1-3)
1.		
2		
3.		
	rsity (list top three in ranking order	
		1-5)
		
2		
3.		

Please attach a free-form CV (1-2 pages) with this questionnaire indicating other details such as other institutions attended, professional experience, areas of special interest in forestry and/or environmental management, conferences, publications, awards and scholarships, student activities, other skills (language, computer, etc.