**Form to complete for registration**

**2024-2025 BIP UPSaclay-KU Leuven-Parma-Helsinki**

**"Global Health Challenge"**

**Family name:**

**First name:**

**Year of study:**

**Specialization:**

**Level of English (certificate, level B1, B2, etc.):**

**Motivations for this program (write between 1 half page and a maximum of one page in English):**

**Availability from the 26th to the 30th of May 2025 to travel\*: YES or NO**

\*By registering and answering "YES", you agree to participate in the whole program and the mandatory trip

**Date: Signature:**