



University Cheikh Anta Diop (UCAD), Dakar, Senegal
Faculty of Medicine, of Pharmacy and of Odontology
MARCAD Consortium Secretariat
Website: www.marcad-africa.org



MASTER'S FELLOWSHIP APPLICATION FORM.

SECTION 1. Identification	
Last name:	
First name (s):	
Title:	
Gender:	
Date and place of birth:	
Nationality :	
Correspondence address:	
Country of residence:	
Phone number (include the country code):	
Functional e-mail:	

SECTION 2. Select your host institution	
<input type="checkbox"/> UCAD, Senegal	<input type="checkbox"/> BTC/UoY1, Cameroon
<input type="checkbox"/> MRCG@LSHTM, the Gambia	<input type="checkbox"/> Bandim Health Project, Guinea Bissau
<input type="checkbox"/> UHAS, Ghana	<input type="checkbox"/> COMHAS/USL, Sierra Leone
<input type="checkbox"/> MRTC/USTTB, Mali	

SECTION 3. Reference		
	Referee 1:	Referee 2:
Referee name:		
Referee address:		
Referee phone number (include the country code):		
E-mail:		

SECTION 4. Required diplomas	
Date of award of Bachelor's degree or its equivalent	
Institution/University that awarded the Bachelor's degree or its equivalent	
The scientific area of the Bachelor's dissertation or its equivalent	
Title of the Bachelor's dissertation or its equivalent	



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SECTION 5. Training and research experiences (350 words)

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SECTION 6. Master's degree sought (100 words)

Please cross-check with your chosen host institution for which degree you are aiming.

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SECTION 7. Motivation. (350 words)

Why do you want this fellowship? How will this fellowship, if awarded, contribute to your research career plan?

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INDICATION

Do not forget to upload all the required documents listed below before hitting the 'SUBMIT' button.

**1. Your Curriculum Vitae (Trainings, Studies & Research, Publications, Oral Presentations, Posters, Research experience ...) under the name
CV_YOURFIRSTNAME_YOURLASTNAME_MASTER.PDF**

**2. Une lettre de soutien de votre institution d'origine.
SL_YOURFIRSTNAME_YOURLASTNAME_MASTER.PDF**

**3. A certified copy of the full transcript(s) of marks and certificate(s).
SD_YOURFIRSTNAME_YOURLASTNAME_MASTER.PDF**