

APPLICATION FORM

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|--------------------------|---|--------------|
| Family Name: | | |
| Given Name / s: | | |
| Gender: | Female | Male |
| Passport No. | Nationality: | |
| Title: | Date of birth: day month year | |
| Telephone Number | work: | home: |
| mobile: | | |
| Complete Address: | | |
| City: | State: | |
| Postcode: | Country: | |
| E-mail Address: | | |
| Graduate Degree: | Completion Date: | |
| Post-graduate: | Completion Date: | |
| Degrees: | | |

VI. DECLARATION

I declare that to the best of my knowledge, the information I have supplied in this application is correct and complete. I understand that if the information provided is incomplete, false or misleading, my eligibility will be reassessed and the participation in this program may be cancelled.

I recognize that it is my responsibility to provide all necessary documentation and authorize sanofi pasteur to obtain confirmation concerning the information I have provided in this application.

I am aware that the sanofi pasteur responsibility is limited to funding the tuition fees and a round trip transportation between the city I currently live and Boston, Massachusetts, US. All other expenses while the scholarship lasts are of my responsibility.

I agree that in the case of failing to comply with regulations, personal misconduct or any other action that could jeopardize the name of sanofi pasteur or Harvard University, the scholarship will be canceled.

Web page: www.sanofipasteur.com

Signature of applicant: _____ Date: _____

Protecting privacy

sanofi pasteur stores and uses personal information only for the purposes of administering and prospect applicants. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements.