

Registration: **Propaedeuticum Examinations Program E**

Examination period: Month \_\_\_\_\_ year \_\_\_\_\_

1<sup>st</sup> part  2<sup>nd</sup> part  whole

**Regulations i**  **Regulations ch**

**Notice for registration:** Please take note of the registration deadline. To register for exams, all requirements of the regulations have to be fulfilled; relevant records, practical trainings, evaluated papers have to be submitted to the secretary's office in time. All fees must have been paid.

Please fill in completely and in block letters. **Please leave the framed entries empty.**

Full name	
Address	
Telephone	Fax
Academic degree	Are further degrees required for promotion? If so, which?
Must "Charta" requirements be met? If so, which?	
Start of training program	Number of semesters until end of examination period <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>
Members of the selection committee	

<b>Personal Training Analysis</b> (Please include accredited hours for analysis prior to the training program)			
Analyst	Period from / to (month / year)	Number of hours to date	Number of hours until the end of exam
Total hours -->			

Subject of the seminar paper (1 <sup>st</sup> part)	Instructor <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>
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**(Please turn over)**

<b>Examination Subjects</b>						
		If previously taken, month / year	Mark	Examiner	Expert	Mark
110	Fundamentals of Analytical Psychology and Psychotherapy					
125	Psychology of Dreams					
100	Comparative Developmental Psychology					
130	Comparative Theories of Neurosis					
105	Fundamentals of Psychiatry and Psychopathology					
135	Comparative Religion					
115	Fundamentals in Ethnology					
120	Psychology of Myths and Fairy Tales					

<b>Clinical Internships</b> (please indicate all clinical experience accredited by the Institute, before or during the training )					
Name and location of clinic	Type of work	Period from / to (exact dates)	Weeks	Hours	
Total Weeks / Hours -->					

**I confirm the fulfillment of all requirements for the exam registration according to the regulations.**

Place and date: \_\_\_\_\_ Signature: \_\_\_\_\_