

CHOICE OF EXAMINER: E-DIPLOM

Examination Period: _____

Please **PRINT**

Name/First name: _____

Tel.: _____

E-Mail: _____

Fax: _____

Language:			
Subject	Previous Examiner	Examiner 1 st choice 2 nd choice	Date of contact with examiner
E-Dipl 1000 The Individuation Process and its Symbols	1. 2.	1. 2.
E-Dipl 1050 Examination „Individual Case“	1. 2.	1. 2.
E-Dipl 1100 Clinical Psychiatry, Diagnosis and Therapy	1. 2.	1. 2.
E-Dipl 1150 Written: Psychological understanding of a Myth or Fairy Tale	1. 2.	1. 2.
E-Dipl 1151 Oral: Psychological understanding of a Myth or Fairy Tale	1. 2.	1. 2.
E-Dipl 1200 Psychological understanding of Pictures	1. 2.	1. 2.
E- Dipl 1250 Written: Psychological understanding of dreams from a clinical perspective	1. 2.	1. 2.
E- Dipl 1251 Oral: Psychological understanding of dreams from a clinical perspective	1. 2.	1. 2.
Thesis	1. 2. 3.		1. 2. 3.

**Past and present personal analysts
(Individual and group):** _____

Control Analysts for both cases in the Case Exam: _____

Remark In the event of withdrawal from the examination after the registration deadline, the registration fee is forfeited. (Reg. 2001, 4.1 f)

Date: _____

Signature: _____