

**Requirements for registration and therefore seminar bookings:**

**all gaps filled in legible writing no conflicting seminar times**

**STATUS** Diploma Cand.  Training Cand.  **PROGRAM** E  K  C   
 Student Further Education

Please fill in if you have been registered at a C.G. Jung-Institute in your home country:

**STATUS** \_\_\_\_\_

**PERSONAL DETAILS – ADDRESS – TEL. – FAX – E-MAIL / during semester**

**NAME/S** \_\_\_\_\_ **First name/s** \_\_\_\_\_

**Street** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **City** \_\_\_\_\_

**Tel.** \_\_\_\_\_ **Fax** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**ADDRESS - TEL. – FAX – E-MAIL / Home address**

**Street** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **City** \_\_\_\_\_

**Country** \_\_\_\_\_ **Tel.** \_\_\_\_\_ **Fax** \_\_\_\_\_

**TRAINING DETAILS / general**

**Personal Analyst/s** \_\_\_\_\_ **Control case hours (approx.)** \_\_\_\_\_

**Your Selection Committee members** \_\_\_\_\_

**Control case analyst** \_\_\_\_\_

**Subject of your Seminar Paper** \_\_\_\_\_

**Completed exams** *Propaedeuticum* Part 1  Month \_\_\_\_\_ Year \_\_\_\_\_

*Propaedeuticum* Part 2  Month \_\_\_\_\_ Year \_\_\_\_\_

*Diploma Part 1*  Month \_\_\_\_\_ Year \_\_\_\_\_

**TRAINING DETAILS / Winter Semester 2009/10**

**Thesis discussion** yes  no

**Examinations** yes  no

**Leave of absence** yes  no  number of absences \_\_\_\_\_  
 (if yes, attendance of seminars not possible) **Max. 6 semesters leave of absence allowed (Regulations ch – Charta)**  
**Max. 4 semesters leave of absence allowed (Regulations I – Internat.)**

**Required Seminars - list in order of preference:**

**Please do not register for lectures (open to the public)!**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_ 11. \_\_\_\_\_ 12. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_ 16. \_\_\_\_\_

**Further seminars:** \_\_\_\_\_

**No double bookings. Where seminar times conflict, only one of the two seminars will be reserved.**

**METHOD OF PAYMENT** Fees CHF \_\_\_\_\_

by postal order (PC 80-41005-8)  by cheque  cash  by credit card

Student Association membership Fr. 20.--

**To be paid by September 15, 2009 / Fees: check detailed course schedule on page 4**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_