

REGISTRATION: Examination Further Educ	ation Program (FOA)		
Examination period: Month Yea	ar		
Please fill in completely and in block letters.			
Name, First Name			
Address			
Phone	Email		
Start of the further education program	Regularly attended semesters (e.g. SS 20/WS 20)		
Past and present personal psychoanalysts if in s experience/training analysis	self-		
Prerequisites for the Examination		please mark	Х
At least 2 semesters of study		completed	
At least 120 credits (teaching unit of 45 minutes) Theory, lectures und seminars testified by the R		completed	
Seminar paper on symbolic material 10-20 pages (1 page corresponds to 2000 chara	completed		
Place and date:	Signature: _		



COICE OF EXAMINER: Examination Further Education Program (FOA)

Name/First Name:			Email:	Email:	
Exam language: C	German	O E	English		
Presence:	online	fa	ace to face		
Subject			Choice of Examiner	Date of contact with the examiner	
E 100 Fundamentals of A Psychology Duration: orally 40					
Note: If exams are withdrawn or postponed after the registration deadline, a fee of CHF 100- has to be paid.					
Date:			Signature:		