**Research Methodology Workshop**

**Clinical Epidemiology Unit (CEU)**

**Faculty of Medicine, Suez Canal University**

**Application Form**

**Name:**

**Age (Completed years):**

**Gender:**

**Address:**

* **Work**
* **Home**
* **Tel:**
* **Mobile:**
* **E-mail:**

**Current Employment Status**:

**Education Background:** (Start with the most recent)

|  |  |  |  |
| --- | --- | --- | --- |
| Degree | Title | University | Year of graduation |
|  |  |  |  |
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|  |  |  |  |

* Please send the completed application form by email to the Clinical Epidemiology Unit, Faculty of Medicine, Suez Canal University.

**e-mail:** [**scu\_ceu@yahoo.com**](mailto:scu_ceu@yahoo.com) **&** [**heshamel2002@yahoo.com**](mailto:heshamel2002@yahoo.com)