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| --- |
| **Seo, Jeonghwan** |

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| **Period** | Mmm YYYY~Mmm YYYY | |
| **Institute** | **Name of University** | City, Country |
| **Degree** | *Degree description, concentration listing* | |
| *Thesis Title*  *(if applicable)* | *Thesis title*  *Name of Supervisor:* | |
| **Period** | Mmm YYYY~Mmm YYYY | |
| **Institute** | **Name of University** | City, Country |
| **Degree** | *Degree description, concentration listing* | |
| *Thesis Title*  *(if applicable)* | *Thesis title & name of the Supervisor* | |

**CAREER HISTORY**

|  |  |  |
| --- | --- | --- |
| **Company** | **Company Name** | City, Country |
| **Period** | Mmm YYYY~Mmm YYYY | |
| **Position** |  | |
| **Team/Department** |  | |
| **Company** | **Company Name** | City, Country |
| **Period** | Mmm YYYY~Mmm YYYY | |
| **Position** |  | |
| **Team/Department** |  | |
| **Company** | **Company Name** | City, Country |
| **Period** | Mmm YYYY~Mmm YYYY | |
| **Position** |  | |
| **Team/Department** |  | |

**LICENSES & CERTIFICATION**

|  |  |
| --- | --- |
| **Licenses** | **Name of License**   * License No.: /License in Country: |
| **Certifications** | * Certified completion of GCP Training, Organizers, MMM YYYY * *Certificate programs listed* |

**PROFESSIONAL AFFILIATIONS**

|  |  |
| --- | --- |
| **Membership** | **Name of Association (YYYY~YYYY)** |

**SKILLS**

|  |  |  |
| --- | --- | --- |
| **Languages** | Language (Business)   * *Certificate program listed* | Level: |
| **Computer Knowledge** | MS Word, MS Excel, PowerPoint   * *Certificate programs listed* | Level: |

**EXPERIENCE**

|  |  |
| --- | --- |
| **CLINICAL TRIAL EXPERIENCE** | |
| **Agent for Indication** | **Phase, Global or Local Study** |
| **Role** |
| **Working Details (Responsibilities)** |
| **Agent for Indication** | **Phase, Global or Local Study** |
| **Role** |
| **Working Details (Responsibilities)** |
| **Agent for Indication** | **Phase, Global or Local Study** |
| **Role** |
| **Working Details (Responsibilities)** |
| **Agent for Indication** | **Phase, Global or Local Study** |
| **Role** |
| **Working Details (Responsibilities)** |
| **Agent for Indication** | **Phase, Global or Local Study** |
| **Role** |
| **Working Details (Responsibilities)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  |
| **Date:** |  |  |  |

(DD-MMM-YYYY)