**Summer-School 2014**

**August, 13 – September, 03**

**Application form**

Please send completed form until May 1, 2014 by email to alexandra.ege@hs-lu.de

Personal information

|  |
| --- |
| First Name: |
| Last Name: |
| Gender: |
| Date of Birth (dd/mm/yy): |
| Place of Birth (City / Country) |
| Nationality: |
| Address: |
| E-Mail: |
| Phone number: |
| Passport number: |
| Emergency contact (phone number): |
| Do you have any special needs that might be relevant for us? |

Academic background

|  |
| --- |
| Home institution: |
| Field of study: |
| German language skills: no□ yes□ which level |

Application details

**Payment**

Payment is to be made upon acceptance but not later than June 30th 2014.

By signing this application form, I certify that I wish to participate in the International Summer School 2014 in Ludwigshafen am Rhein.

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Date, place Signature of participant