

Application, DAAD Summer School 13-26/9/2009

Family name (required)		First name(s) (required)		Passport picture
Contact address				please send an electronic version by email or bring it to the Summer-Academy
Email		Tel.		Gender (required)
				<input type="checkbox"/> male <input type="checkbox"/> female
Date of birth (required)		Nationality (required)		
Higher education				
Name of university		Subject area		<input type="checkbox"/> Experimentalist <input type="checkbox"/> Theoretician
Type of degree		Grade		
Current occupation (if not full-time-student)			Research Focus	
Employer		Function		
Fee category (required)				
<input type="checkbox"/> foreign participant asking for full scholarship (participation fee + travel costs)			<input type="checkbox"/> partial scholarship	
Recommendation (name, university, email)				
Comments			Meat restrictions	
			<input type="checkbox"/> I accept any meat	
			<input type="checkbox"/> I do not accept any meat	
			<input type="checkbox"/> I accept any meat beside pork	
			<input type="checkbox"/> I accept fish only	
Date			Signature	

Please, don't forget to attach your degree certificate!