**Template: Summer school student application form**



**STUDENT APPLICATION FORM**

**Name of Summer School/Intensive Programme**

**Year of Summer School/Intensive Programme**

**Organising university, Faculty**

**Address**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please complete before print; sign and send this form to: International Relations Office (IRO) or course responsible at your home university(see course description) [http://www.euroleague-study.org](http://www.euroleague-study.org/en/programs/intensive/index.php)  **Application deadline: day, month, year** | | | | | | | | | | | |
| Personal data | | | | | | | | | | | |
| Family name: | | | | | | | | | | | |
| First name(s): | | | | | | | Male: | |  | Female: |  |
| Date of birth:  (date/month/year) | | | | | | | Nationality: | | | | |
| Name of home university: | | | | | | | | | | | |
| Name and address of academic contact person (course responsible) at home university: | | | | | | | | | | | |
| Current address | | | | | | | | | | | |
| Street and No.: | | | | | | | | | | | |
| Telephone No.: | E-mail: | | | | | | | | | | |
| Postal code and city: | | | | | | Country: | | | | | |
| Academic profile | | | | | | | | | | | |
| Degree presently pursued (bachelor / master / doctoral) | | | Major field(s) of study: | | | | | | | | |
| Month and year of enrolment: | | | Student registration number: | | | | | | | | |
| Language proficiency in English:  Indicate level: Poor Moderate Good | | | | | | | | | | | |
| Alternative/Parents address (in case of emergency during the summer school) | | | | | | | | | | | |
| Name: | | Relationship: | | | | | | | | | |
| Street and No.: | | | | | | | | | | | |
| Postal code and city: | | Country: | | | | | | | | | |
| Telephone No. (incl. international prefix): private/work) | | Fax No.: | | | | | | E-mail: | | | |
| **Motivation for participation in the summer university. Relevant prior studies/ academic background, additional possible accompanying documents: English language certificate, transcript of records:** | | | | | | | | | | | |
| **Signature of applicant**  I wish to apply for: Title of Summer School/Intensive Programme , year, name and faculty of the organizing university  By accepting and submitting the present form to the Euroleague for Life Science, I agree to the processing of my personal data for the purpose of organizing and conducting the Summerschool "…" in accordance with the General Data Protection Regulation (EU-GDPR).  I hereby confirm that the above information is correct | | | | | | | | | | | |
| Date: | | | | | Signature: | | | | | | |
| **Signature of IRO representative at home university**  I hereby confirm the nomination of the student for participation in the summer university. | | | | | | | | | | | |
| Date: | | | | Signature: | | | | | | | |