

APPLICATION FORM 2017



PERSONAL INFORMATION

Surname: _____

First Name: _____

Date of Birth: __ I __ I _____

Gender: female male

Nationality: _____

Street, Nr. : _____

City, ZIP- Code: _____

Country: _____

Phone: _____

Mobile: _____

E-mail: _____

Special Needs for mobility/nutrition:

STUDY INFORMATION

COEUR Partner University:

Home University, if not identical
with Partner University:

Faculty: _____

Year of Study: _____

International semesters: _____

Specialisation: _____

Academic degrees: _____

Language Skills:

Language	Native Language	Fluent	Basics
English			

Your motivation to apply for the COEUR Workshop (continue on reverse side if necessary):

I hereby confirm that the above information is complete and correct. I know that false information may lead to rejection of the application or exclusion from the participant panel without refund of payments made. I assure to pay the cost of the programme within 2 weeks after confirmation; otherwise the confirmation will expire automatically.

Place, Date

Signature

Contact and requests: Prof. Dr. Matthias Eickhoff matthias.eickhoff@hs-mainz.de