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**APPLICATION FORM**

### Humboldt reloaded interdisciplinary

### Summer School 2018

**’’Health Sciences”**

**University of Hohenheim**

**September, 12 – September 21, 2018**

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| Please complete digital and send this form including a certificate for study to: Nicole Henninger **University of Hohenheim, Germany**  [**hrsummerschool@uni-hohenheim.de**](https://webmail.uni-hohenheim.de/imp/dynamic.php?page=mailbox)  **Application deadline: May 18, 2018** |
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| --- | --- | --- | --- | --- | --- | --- |
| Personal data | | | | | | |
| Family name: | | | | | | |
| First name(s): | | | Male: |  | Female: |  |
| Date of birth:  (date/month/year) | | | Nationality: | | | |
| Current address | | | | | | |
| Street and No.: | | | | | | |
| Mobilephone No.: | E-mail: | | | | | |
| Postal code and city: | Country: | | | | | |
| Academic profile | | | | | | |
| Study program/ specialty: | University: | | | | | |
|  | Faculty: | | | | | |
| Semester: | | | | | | |
| Language proficiency in English:  Indicate level: □ A:Basic □ B:Independent □ C:Proficient | | | | | | |
| **Motivation for participation in the interdisciplinary Summer School.**  **Relevant prior studies/ academic background:** | | | | | | |
| **Signature of applicant**  I wish to apply for the Humboldt reloaded interdisciplinary Summer School 2017 “Health Sciences” at the University of Hohenheim. I hereby confirm that the above information is correct.  I have been informed that I have to ensure adequate health insurance during the duration of the programme. | | | | | | |
| Date: | | Signature: | | | | |

**For students from abroad**

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| Alternative/Parents address | | |
| Street and No.: | | |
| Postal code and city: | Country: | |
| Telephone No.: | Fax No.: | E-mail: |
|  |  |  |
| Contact person in case of emergency | | |
| Name: | Relationship: | |
| Street and No.: | | |
| Postal code and city: | Country: | |
| Telephone No. (Private/ Work): | Fax No.: | E-mail: |

