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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: |

