Prof Dr Carmen Thiele

— Human Rights Summer Course —
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Summer Course 2016 Frankfurt (Oder) 'The European System of Human Rights Protection' APPLICATION TO PARTICIPATE

| Office use only | |
|----------------------|--|
| Eingegangen | |
| Teilnahme vorlaufig | |
| Teilnahme endgültig | |
| Stipendium vorläufig | |
| Stipendium endgültig | |
| Code | |

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|------|------|------|---------|

- 1 The application to attend the Summer Course must be made on this form.
- Fill out the form in MSWord and then send it via E-mail (use Tab, PgUp/PgDn or cursor to move from field to field; use F1 for help with some fields). Otherwise, please write clearly (if the form cannot be read, the application will not be processed) and send the documents scanned as JPEG or PDF via E-mail.
- 3 All fields marked with ^A must be completed fully where the information is available (incomplete applications will not be processed).
- Send this application above together with the following documents by E-Mail:
 - a) curriculum vitae (CV) (in English; maximum 2 A4 pages);
 - b) statement of reasons and motivation for attending the Summer Course (in English, maximum 1 A4 page/300words);
 - c) letter of recommendation (on letterhead, signed personally by a professor, in English, German, French, Spanish or Russian);
 - d) proof of competence in English (e.g. TOEFL-test or signed certificate of a qualified English teacher).

| | Erhalten | Überprüft |
|---|----------|-----------|
| а | | |
| b | | |
| С | | |
| d | | |

| 1. Personal information [∆] | | | | | |
|--|---|--|--|--|--|
| 1.1 Family name ^Δ | 1.2 First name(s) [∆] | | | | |
| 1.3 Date of birth [∆] | 1.4 Place of birth [∆] | | | | |
| 1.5 Gender [∆] Male ☐ Female ☐ | 1.6 Country of residence ^Δ | | | | |
| 1.7 Citizenship 1 [∆] | 1.8 Citizenship 2 (if any) | | | | |
| ^{1.9} If you belong to a national minority, which one? ^Δ | , | | | | |
| | | | | | |
| 2. Passport/Travel Documents [∆] | | | | | |
| Note: You will have to cross the border between Germany and Poland several times each day. To ease border procedures, we need the following information from the passport you will use to attend the Summer Course. Note: You may need to apply for multiple-entry visas for Germany and Poland (check this yourself soon at the embassies in your country). | | | | | |
| ^{2.1} Passport number [∆] | | | | | |
| ^{2.4} Country of issue ^Δ | ^{2.4} Country of issue ^Δ ^{2.5} City of issue | | | | |

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|---|----------------------------------|
| ~ | CONTACT INFORMATION ^A |
| | |

Note: The address you give must be your usual postal-address where we can reach you. Please give either house address or a post box

| moter the dual ess you give t | mase se your ase | iai postai | address where we can reach you | | aa. 035 o. a post | | |
|---|---|---------------------------|--|----------------------------------|-------------------|------------|-------------|
| 3.1 Address [∆] | | | | | | | |
| | | | | | | | |
| ^{3.2} City/Town ^Δ | | | | 3.3 Postcode [∆] | | 3.4 State | |
| ^{3.5} Country [∆] | | | | | | | |
| 3.6 E-mail^Δ Note : Email v we will keep y | will be the most o | convenient email; plea | way to communicate with you; ase check your email regularly. | | | | |
| ^{3.7} Home phone ^Δ | country code prefix your number 3.8 Work phone ^Δ country code prefix your number | | | | | | your number |
| ^{3.9} Mobile phone [∆] | | | | ^{3.10} Fax [∆] | | | |
| 3.11 Emergency contact [△] Please give a contact (family member or friend) whom we can reach in case of emergency during your stay in Frankfurt (Oder):- | | | | | | | |
| name: | - | | | | | | |
| address: | | | | | | | |
| full phone nr(s): | | | | | full fax n | r : | |
| email: | | | | | | | |

| Give information here abou | t academic study ir | n which you are presently enrolled. | | | | | |
|--|---------------------------------|---|--|-------------------|------------------------|--------------------------------|--|
| 4.1 Are you presently enrolled in study? ^Δ Yes No If Yes, answer question 4.2-4.15; if No, go to 5.1 | | | | | | | |
| 4.2 Title of course/qual | ification/degree | Δ | | | | | |
| 4.3 Undergraduate [△] ☐ or postgraduate [△] ☐? 4.4 When did you begin this program? [△] 4.5 In what year will you | | | | | ı finish?∆ | | |
| 4.6 University/college ^Δ | | | | | 4.7 Faculty | , Δ | |
| 4.8 Address of universit | y [∆] | | | | 1 | | |
| | | | | | | | |
| ^{4.9} City [∆] | | | 4.10 Postcode ^Δ | | | 4.11 State | |
| ^{4.12} Country [∆] | | | ^{4.13} Phone ^Δ | country code | prefix | number | |
| 4.14 Email (university)∆ | | | ^{4.15} Fax [∆] | | | | |
| | | | | I. | | | |
| 5. ACADEMIC QU | JALIFICATIONS | HELD [∆] | | | | | |
| | | niversity study, that is, university degre | | | | | |
| Degree/ | Field of | it individual subjects studied. Note: You | u must nave compi | eted at least six | Period | Year | |
| examination [∆] | study∆ | University, city; faculty [∆] | | | (years)∆ | obtained∆ | Mark/Grade [∆] |
| 5.1 | 5.2 | 5.3 | | | 5.4 | 5.5 | 5.6 |
| 5.7 | 5.8 | 5.9 | | | 5.10 | 5.11 | 5.12 |
| 5.13 | 5.14 | 5.15 | | | 5.16 | 5.17 | 5.18 |
| 5.19 | 5.20 | 5.21 | | | 5.22 | 5.23 | 5.24 |
| L | | | | | | | L |
| 6. LANGUAGE A | BILITY [∆] | | | | | | |
| | Lavel of al | | | | ш / т | 0551) | |
| Language [∆] | | bility[∆] - mother tongue/excellent/goo English is not your mother tongue, you | | | | | Certificate, exam or other qualification |
| 6.1 Д | Native language (mother tongue) | | | | | (give title) [∆] | |
| 6.2 | | | | | | | |
| 6.3 | | | | | | | |
| 6.4 | 6.4 | | | | | | |
| | | | | | | | |
| 7. Present Pro | FESSIONAL E | MPLOYMENT ^A | | | | | |
| 7.1 Are you presently e | mployed? [∆] | Yes No No | | | If Yes , answer | question 7.2-7.1 | 5; if No , go to 8.1 |
| 7.2 Title of Position [△] 7.3 Full-time | | | | | Part-time | | |
| 7.4 Nature of work activity ^Δ 7.5 When did you start? | | | | lid you start?∆ | | | |
| 7.6 Employer/organisation [∆] 7.7 Employer type [∆] | | | | | | | |
| 7.8 Address of employer [△] | | | | | | | |
| | | | | | | | |
| 7.9 City ^Δ 7.10 Doctoode ^Δ 7.11 Chatch | | | | | | | |
| ^{7.9} Citv [∆] | | | 7.10 Postcode [∆] | | | 7.11 State [∆] | |
| 7.9 City ^Δ | | | 7.10 Postcode [∆] | country code | prefix | 7.11 State ^Δ number | |
| 7.9 City ^Δ 7.12 Country ^Δ 7.14 Email (employer) ^Δ | | | 7.10 Postcode ^Δ 7.13 Phone ^Δ 7.15 Fax ^Δ | country code | prefix | | |

Present Academic Study $^{\Delta}$

| If you have never been employed, leave this section blank | | | | |
|--|---|--|--|--|
| Position held ^a (title, activity) | Employer [∆] (name/organisation, city) | Period [∆] | | |
| 8.1 | 8.2 | 8.3 | | |
| | | to | | |
| 8.4 | 8.5 | 8.6 | | |
| | | to | | |
| 8.7 | 8.8 | 8.9 | | |
| | | 8.12 | | |
| 8.10 | 8.11 | to | | |
| | | | | |
| 9. Reference [∆] | | | | |
| 9. REFERENCE | | | | |
| 9.1 Give the full name, position and address (includi | ing email and phone) of a professor or other university te | acher who supports your application.△ | | |
| title, name, position: | | | | |
| university, full address: full phone nr(s): | full fax | nr: | | |
| email: | | | | |
| | sonally by this professor on institutional letterhead by email. The reco | ommendation may be written in English, | | |
| German, French, Spanish or Russian. | | | | |
| 10. FINANCIAL SUPPORT ^Δ | | | | |
| | Course may be available to participants in angelel need. Accentages in | ate the source is independent of any mood for | | |
| | Course may be available to participants in special need. Acceptance in at the time of application. Applicants will be informed of the decision | | | |
| ^{10.1} Do you need a scholarship to attend this summer | r course? [△] Yes No No No No No No No No No N | | | |
| ^{10,2} Would you also participate without a scholarship | o?∆ Yes ☐ No ☐ | | | |
| Note: If you are offered financial aid for travel, you must brin | ng full and accurate receipts for all travel expenses claimed before you | ou can receive any payment! | | |
| | | | | |
| 11. OTHER REMARKS OR RELEVANT INFOR | MATION | | | |
| If there is further information relevant to support your applica | ation (e.g. membership of organisations, voluntary work, special activ | vities, etc.) please mention this briefly here. If | | |
| | ion, please give the name of the organisation(s), location, description | | | |
| 11.1 | | | | |
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| 12. DECLARATION AND SIGNATURE [△] | | | | |
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| I deglars that all information provided in | this document and any documents attached is t | mus to the best of my | | |
| I declare that all information provided in this document and any documents attached is true to the best of my knowledge. | | | | |
| I acknowledge that, should I be selected for the Summer Course and subject to any award of financial aid. I must pay the cost of accommodation and meals (EURO 490) at the latest by 1 June 2016 and that no refund will be given unless | | | | |
| une cost of accommodation and meals (E | | no retuna wiii be given uniess | | |
| I give written notice of withdrawal befor | e that date. | | | |
| | re that date. 2.3 Signature | | | |

PAST PROFESSIONAL/OCCUPATIONAL ACTIVITY[∆]