

## APPLICATION

Deutscher Akademischer Austausch Dienst  
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## GROUP STUDY VISITS

Name and address of college or university academic department requesting support:

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.....

Name, position, address, voice and fax numbers, and e-mail address of faculty member(s) accompanying the group:

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.....  
.....  
.....

Name, address, voice and fax numbers, and e-mail address of tour organizer (if other than above):

.....  
.....

Total number of participating faculty members: .....

Total number of participating graduate students: .....

Total number of participating undergraduate students: .....

On a separate page list the name, citizenship, academic status and field of each participant.

COMMAND OF LANGUAGES (please give approximate percentages for each category):

German                      excellent .....                      good .....                      fair .....                      poor .....                      none .....

Other Languages .....

