



Deutscher Akademischer Austausch Dienst
German Academic Exchange Service

871 United Nations Plaza, New York, NY 10017-1814
TELEPHONE: (212) 758-3223 FAX: (212) 755-5780
EMAIL: daadny@daad.org INTERNET: http://www.daad.org

Èmigré Memorial German Internship Program EMGIP – Bundestag

Last Name

First Name

Date of Birth

Female

Male

Place of Birth

Nationality

Country of Permanent Residency

CURRENT MAILING ADDRESS:

Until what date?

Street

City, State/Province, ZIP, Country

Phone

Email

Dates of Proposed Stay in Germany (2 months, please give 2 dates in order of preference)

Canadian/US university

Current Status (Junior, Grad. Student, etc.)

Major/Specialization

Minor

PERMANENT MAILING ADDRESS:

Street

City, State/Province, ZIP, Country

APPLICANT'S COMMAND OF LANGUAGES

German: Good Fair Poor None Number of years of college level instruction
(Applicants MUST attach a DAAD Language Evaluation Form)

Other Languages:

HOW DID YOU LEARN ABOUT THIS PROGRAM?

PREVIOUS VISITS TO THE FEDERAL REPUBLIC OF GERMANY

Year	Place	Purpose	Sponsor
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OTHER VISITS ABROAD

Year	Place	Purpose	Sponsor
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EDUCATION

Date of high school graduation:

Post-secondary education:

Dates	Institution	Field
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Degrees received:

Date	Type of degree	Degree-granting institution	Field
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Degrees Expected:

Date	Type of degree	Degree-granting institution	Field
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Academic Honors Received:

CAREER PLANS (please elaborate in your essay)

