

APPLICATION

Deutscher Akademischer Austauschdienst
GERMAN ACADEMIC EXCHANGE SERVICE
871 UN Plaza, New York, NY 10017
Telephone: (212) 758-3223 Fax: (212) 755-5780
E-mail: daadny@daad.org Website: <http://www.daad.org>

INTERDISCIPLINARY SUMMER SEMINAR IN GERMAN STUDIES FOR FACULTY AND RECENT Ph.D.s

Last name First name Middle initial.....

University affiliation

Field of study/specialization

University department.....

Academic rank/position.....

Date of birth Citizenship

Social Security/Social Insurance number

If not a U.S./Canadian citizen, are you a permanent resident?

No Yes Since when?

Single Married Male Female

CURRENT MAILING ADDRESS Until what date?

.....

Daytime telephone: Fax number:E-mail:.....

PERMANENT MAILING ADDRESS

.....

Telephone:

COMMAND OF LANGUAGES

GERMAN good fair poor none

No. of years of college-level instruction

OTHER LANGUAGES

.....

PREVIOUS VISITS TO THE FEDERAL REPUBLIC OF GERMANY

Year Place Institution visited Sponsor

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OTHER VISITS ABROAD

Year Country Institution visited Sponsor

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EDUCATION

Dates Institution Field

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Degrees received

Date Type of degree Degree-granting institution Field

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ACADEMIC HONORS RECEIVED

.....

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MEMBERSHIP IN PROFESSIONAL ORGANIZATION

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PROFESSIONAL EXPERIENCE

Dates Institution Position Field

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HAVE YOU RECEIVED A DAAD SCHOLARSHIP OR GRANT IN THE PAST?

Name of grant Date

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WHAT OTHER SCHOLARSHIPS OR GRANTS ARE YOU CURRENTLY APPLYING FOR?

NOTE: Should you receive any of these grants, please inform DAAD as soon as possible.

Name of grant For which country Time period

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BRIEFLY DESCRIBE CURRENT RESEARCH INTERESTS RELATED TO THE SUMMER SEMINAR

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NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY

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I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE

BEST OF MY KNOWLEDGE. FURTHER, I AGREE TO INFORM THE DAAD OF ANY CHANGES.

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Signature Place Date

**PLEASE NOTE: IF POSSIBLE ALL PARTS OF THE APPLICATION FORM SHOULD BE TYPEWRITTEN
OTHERWISE NEATLY PRINTED.**