



Deutscher Akademischer Austauschdienst  
German Academic Exchange Service

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

**Émigré Memorial German Internship Program EMGIP – Bundestag**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth mm/dd/yyyy 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
------	-------	---------	---------

---

---

OTHER VISITS ABROAD

Year	Place	Purpose	Sponsor
------	-------	---------	---------

---

---

EDUCATION

Date of high school graduation:

Post-secondary education:

Dates	Institution	Field
-------	-------------	-------

---

Degrees received:

Date	Type of degree	Degree-granting institution	Field
------	----------------	-----------------------------	-------

---

Degrees Expected:

Date	Type of degree	Degree-granting institution	Field
------	----------------	-----------------------------	-------

---

Academic Honors Received:

---

---

CAREER PLANS (please elaborate in your essay)

---

---

---

