APPLICATION

Deutscher Akademischer AustauschDienst GERMAN ACADEMIC EXCHANGE SERVICE 871 United Nations Plaza New York, NY 10017

Telephone: (212) 758-3223 Fax: (212) 755-5780

GROUP STUDY VISITS

Name and address of col	lege or university acad	emic department	requesting suppo	ort:	
Name, position, address,	voice and fax numbers		,	. ,	
Name, address, voice an	d fax numbers, and e-n	nail address of tou	ır organizer (if otl	ner than above):	
Total number of participa	ating faculty members:				
Total number of participa	ting graduate students				
Total number of participat	ing undergraduate stud	lents:			
On a separate page list t	he name, citizenship, a	cademic status a	nd field of each	participant.	
COMMAND OF LANGUA	GES (please give appr	oximate percenta	ges for each cate	egory):	
German	excellent	good	fair	poor	none
Other Languages					

ITINERARY AND PROGRAM	
Planned date of entry into the Federal Republic of Germany:	Place:
Means of transportation:	Flight No., if applicable:
Planned date of departure from the Federal Republic of Germany	y: Place:
Means of transportation:	Flight No., if applicable:
On a separate page please outline the objectives of the tour, incluinterest.	iding a tentative itinerary and special points of
Names and addresses of institutions and persons in Germany wit	th whom your are already in contact:
Name, address, telephone and fax number, and e-mail address of	f person(s) to be notified in case of emergency
I ACCEPT THE CONDITIONS SET FORTH BY DAAD FOR THE STANDARD IMMEDIATELY OF ANY CHANGES AFFECTING THIS AFTINERARY WILL BE ACCEPTED AFTER DAAD AGREES TO SI	PPLICATION. NO CHANGES IN DATES OR

Please note:

Place

The exact number of participants must be indicated on the application form; if necessary, the list of participants can be submitted at a later date.

Signature

Date