



Hamburg International Summer School

Applicant

Full name: _____

Faculty: _____

Department/Institute: _____

Position: _____

If other, please specify:

Further applicant (if applicable)

Full name: _____

Faculty: _____

Department/Institute: _____

Position: _____

If other, please specify:

Please select, if a strategic or profile partner is involved.

Please state if any other universities are involved.

Please state the following information about the planned summer school

Title _____

Subject Area _____

ECTS/credits _____

Date _____

Target Group _____

Participation fee per student _____

Discount (if applicable) _____

Link to website (if available) _____

Contact (name and mail) _____