

# Application for Global and Transnational Sociology Summer School



*Open-Minded*

Year of Study  <b>2015</b>	Duration of stay at the University of Duisburg-Essen ( <b>UDE</b> )  Summer School Term (08.06.2015 - 02.07.2015)
Exchange Programme Exchange	

## Home university

Name, place:	
<b>Contact Details of Exchange Coordinator</b>	
Surname:	First name:
Address:	Phone (incl. country code):
	Fax (incl. country code):
Email:	

## Personal Data

Surname:		First name:	
Date of birth:	Place of birth:	Sex: male    female	Citizenship:
Home address:		Phone (incl. country code):	
		Email :	

## Person to contact in case of emergency

Surname:		First name:	
Address:		Phone (incl. country code):	
		Email:	
Relationship of contact person with the applicant:			

B-Nr		M-Nr		AD		BEZ		KV	
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For administrative purposes

## Current study

Major / minors at home university:
Number of completed years of study before studying abroad:
Proposed course of study at the UDE:
Date and place (country) of Highschool or A-level qualifications:(Abitur):

## Languages

Mother tongue:	
<b>Foreign languages</b> Please give an accurate assessment of your language competence	
<b>German:</b> very good    good    basic    none	<b>English:</b> very good    good    basic    none
Do you understand lectures in German? Yes    No	Do you understand lectures in English? Yes    No
Where and for how long did you study German?	Where and for how long did you study English?

## Departmental Coordinator / Academic supervisor at the UDE

Name:
Faculty:

## Confirmation

I hereby confirm that the information provided is true and complete.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of student

This is to confirm that the applicant has been nominated for the student exchange with the UDE.

\_\_\_\_\_  
Place, date

Stamp

\_\_\_\_\_  
Signature of home exchange coordinator

Von der Gasthochschule auszufüllen / To be filled in by the host institution	
Der oben genannte Studierende wird / the above mentioned student is	
vorläufig akzeptiert / provisionally accepted	nicht akzeptiert / not accepted
Datum, Unterschrift Fachkoordinator /Date, Departmental coordinator's signature	Datum, Unterschrift Universitätskoordinator / Date, Institutional coordinator's signature

## APPLICATION GUIDANCE NOTES

Please fill in the form electronically or use capital letters

1. Send the application form and other required documents electronically to Michael Kinville  
michael.kinville (at) uni-due.de

Alternatively, applications can be send via post to:

Michael Kinville  
Universität Duisburg-Essen  
Institut für Soziologie, Room LF382  
Lotharstr. 65  
47057 Duisburg  
Germany

2. Note the application deadline:  
**Summer School: 09.04.2015**
3. Ensure that the application form has been signed and stamped by your exchange coordinator
4. Include the following documents with your application:
  - a. One passport-size-photograph (ensure that it is attached to the application form)
  - b. Transcript of records of your university to date

### Checklist

Have you...

completed the application form?

ensured that your exchange coordinator has signed and stamped the application form?

included a transcript of records?

**ECTS – European Credit Transfer System  
LEARNING AGREEMENT**

ACADEMIC YEAR: 2015  
FIELD OF STUDY:

STUDY PERIOD: from...08.06.2015..... to.....02.07.2015.....

Name of student:	
Sending Institution:	Country:

**DETAILS OF THE PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT**

Course unit title (as indicated in the course catalogue)	Number of ECTS credits

If necessary, continue this list on a separate sheet

Student's signature:	Date:
_____	_____

<b>SENDING INSTITUTION</b>	
We confirm that the proposed programme of study / learning agreement is approved.	
Departmental coordinator's signature:	Institutional coordinator's signature:
_____	_____
Date:	Date:
_____	_____

<b>RECEIVING INSTITUTION</b>	
We confirm that this proposed programme of study / learning agreement is approved.	
Departmental coordinator's signature:	Institutional coordinator's signature:
_____	_____
Date:	Date:
_____	_____

<b>Name of student:</b>	
<b>Sending Institution:</b>	<b>Country:</b>

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME / LEARNING AGREEMENT**

(to be filled in only if appropriate)

Course unit title (as indicated in the course catalogue)	Deleted course unit	Added course unit	Number of ECTS credits

If necessary, continue this list on a separate sheet

<b>Student's signature:</b> _____	Date: _____
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<b>SENDING INSTITUTION</b>	
We confirm that the above listed changes to the initially agreed programme of study / learning agreement are approved	
Departmental coordinator's signature: _____	Institutional coordinator's signature: _____
Date: _____	Date: _____

<b>RECEIVING INSTITUTION</b>	
We confirm that the above listed changes to the initially agreed programme of study / learning agreement are approved	
Departmental coordinator's signature: _____	Institutional coordinator's signature: _____
Date: _____	Date: _____