

Application form

Leo Baeck Summer University in Jewish Studies 2019

Please complete this form electronically and send as a PDF with your application until April 1.

Personal details

Last name _____
First name _____ Date of birth (DD.MM.YYYY.) _____
Acad. degree _____ Nationality _____
University _____ Passport number _____
Home address _____
Postal code _____ Place _____
Country _____
Phone _____ E-mail _____

Title of research project _____
Supervisor _____

Previous university education

University _____
Field(s) of study _____
Enrolment date _____ De-registration date _____
Degree _____

University _____
Field(s) of study _____
Enrolment date _____ De-registration date _____
Degree _____

University _____
Field(s) of study _____
Enrolment date _____ De-registration date _____
Degree _____

Language skills

Mother tongue _____

Foreign language(s) _____

Attachments

- Copy of passport / identity card
- Brief description of project proposal (maximum 2 pages) – please provide a maximum of ten book titles in your bibliography
- Academic résumé (maximum 2 pages, including publications list)
- Letter of recommendation by a university instructor (should be send separately as a pdf-file to info@lbsu.de by April 1, 2019)

I hereby confirm that the information I have provided in this form is correct.

Date _____ Signature _____