

# Application form

Leo Baeck Summer University in Jewish Studies 2021

Please complete this form electronically and send as a PDF with your application until January 15, 2021.

## Personal details

|              |                      |  |
|--------------|----------------------|--|
| Last name    | <input type="text"/> |  |
| First name   | <input type="text"/> | Date of birth (DD.MM.YYYY.) <input type="text"/> |
| Acad. degree | <input type="text"/> | Nationality <input type="text"/>                 |
| University   | <input type="text"/> | Passport number <input type="text"/>             |
| Home address | <input type="text"/> |  |
| Postal code  | <input type="text"/> | Place <input type="text"/>                       |
| Country      | <input type="text"/> |  |
| Phone        | <input type="text"/> | E-mail <input type="text"/>                      |

|                           |                      |
|---------------------------|----------------------|
| Title of research project | <input type="text"/> |
| Supervisor                | <input type="text"/> |

## Previous university education

|                   |                      |                      |                      |
|-------------------|----------------------|----------------------|----------------------|
| University        | <input type="text"/> |                      |                      |
| Field(s) of study | <input type="text"/> |                      |                      |
| Enrolment date    | <input type="text"/> | De-registration date | <input type="text"/> |
| Degree            | <input type="text"/> |                      |                      |

|                   |                      |                      |                      |
|-------------------|----------------------|----------------------|----------------------|
| University        | <input type="text"/> |                      |                      |
| Field(s) of study | <input type="text"/> |                      |                      |
| Enrolment date    | <input type="text"/> | De-registration date | <input type="text"/> |
| Degree            | <input type="text"/> |                      |                      |

|                   |                      |                      |                      |
|-------------------|----------------------|----------------------|----------------------|
| University        | <input type="text"/> |                      |                      |
| Field(s) of study | <input type="text"/> |                      |                      |
| Enrolment date    | <input type="text"/> | De-registration date | <input type="text"/> |
| Degree            | <input type="text"/> |                      |                      |

## 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](mailto:info@lbsu.de) by January 15, 2021)

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

Date  Signature