

APPLICATION FORM

PERSONAL DATA

Surname				First name							
Present address				Permanent address (if different)							
Street address				Street address							
Postal code		City		Postal code		City					
State		Country		State		Country					
Phone				Phone							
Mobile				Mobile							
E-mail				E-mail							
Date of birth		Day	Month	Year		Citizenship					
City of birth		Country of birth		Passport number		Expiration date		Native language			
<input type="checkbox"/> Female				<input type="checkbox"/> Male				Other language(s)			
<input type="checkbox"/> Single				<input type="checkbox"/> Married							

ACADEMIC BACKGROUND

In which college or university are you presently enrolled? _____

What is your field of study? _____ How many semesters have you completed? _____

COURSE SELECTION

Please select the courses you wish to attend after completing the preparatory seminar on the first weekend. Make sure that courses do not conflict in time (see schedule).

- | | |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Architecture and Design in Vienna around 1900 | <input type="checkbox"/> Music and Musical Culture in Vienna around 1900 |
| <input type="checkbox"/> Art and Culture at the Turn of the Century | <input type="checkbox"/> Politics and Daily Life in Vienna around 1900 |
| <input type="checkbox"/> Literature and Film in Vienna around 1900 | <input type="checkbox"/> Society and Psychoanalysis in Sigmund Freud's Vienna |

HOW DID YOU FIND OUT ABOUT THE WINTER SCHOOL?

- | | | | | |
|-----------------------------------------------------------------|-----------------------------------|-----------------------------------------------------|---------------------------------------------|------------------------------------|
| <input type="checkbox"/> Home University | <input type="checkbox"/> Brochure | <input type="checkbox"/> Internet | <input type="checkbox"/> Embassy | <input type="checkbox"/> Professor |
| <input type="checkbox"/> Study Abroad Office | <input type="checkbox"/> Poster | <input type="checkbox"/> SHS Homepage | <input type="checkbox"/> Cultural Institute | |
| <input type="checkbox"/> Former participant (state name): _____ | | <input type="checkbox"/> other (please state) _____ | | |

APPLICATION

Please submit: 1) Application form, 2) statement of purpose, 3) transcript of grades, 4) two passport-size photos and 5) the deposit.

AFFIRMATION

I affirm that the information given in the application is complete and accurate.

Date: _____ Applicant's Signature: _____

Applications must reach the office of the Sommerhochschule by **November 30, 2019**, at the latest.