

European University Viadrina Nomination Form for Summer School Student

Student Information:			
Name:			
Name:(family name)			(first name)
Gender: male/female/diverse (circle one)		E-Mail: _.	
Birthday:/_			
DD MM	YYYY		
Home University:			
Permanent Address:			
Telephone:			
Home University Coordi	<u>nator Informatio</u>	<u>n:</u>	
Name:		_	
(family name)			(first name)
Title of the Officer:		_	
Permanent Address:			
Telephone:	E-Mail:		
l am nomi	as a studen	t of Viadrina Su	at the European University Viadrina Immer Program 2024 In Contemporary Europe"
Student Signature:			Date:
Home University Signature:			Date: