

Application Form for WSI Summer School 2014

Name, First Name

Date of Birth

☐ male

☐ female

Address:

Street

ZIP Code, City, Country

Telephone number (with country code)

E-mail address

Courses of study

Semester

University

Research interests and experiences:

For doctoral students: Title of promotion

Other social and political activities:

Trade union membership: ☐ yes ☐ no

Name of union

Current employer: ☐ yes ☐ no

Name of employer

Please save this form, attach it to a new mail and send it to:
wsi-summer-school@boeckler.de until 18. April 2014