

**e-CULT Summer School 2020**

**PERSONAL DETAILS**

*(The name you give on your application should correspond exactly with that written on all official documents which you will be required to produce as evidence of identity).*

|  |  |
| --- | --- |
| FIRST NAME |  |
| LAST NAME |  |
| FATHER’S NAME |  |
| MOTHER’S NAME |  |
| GENDER |  |
| DATE OF BIRTH  *(DD/MM/YYYY)* |  |
| NATIONALITY  *(as written in your passport)* |  |
| PASSPORT or ID NUMBER |  |

**CONTACT DETAILS**

|  |  |
| --- | --- |
| HOME ADDRESS | Address: |
| City: |
| Zip Code (or Postal Code): |
| Country: |
| E-MAIL ADDRESS  *(please, fill in an e-mail address where you may be contacted at any time)* |  |
| PHONE NUMBER  *(please, include international and area codes)* |  |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| EDUCATIONAL INSTITUTE |  | | |
| DEPARTMENT |  | | |
| SCHOOL |  | | |
| FROM*(DD/MM/YYYY)* |  | TO *(DD/MM/YYYY)* |  |
| DEGREE |  | | |
| GRADE |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| EDUCATIONAL INSTITUTE |  | | |
| DEPARTMENT |  | | |
| SCHOOL |  | | |
| FROM*(DD/MM/YYYY)* |  | TO *(DD/MM/YYYY)* |  |
| DEGREE |  | | |
| GRADE |  | | |

**LANGUAGES**

|  |  |
| --- | --- |
| LANGUAGE |  |
| CERTIFICATE  *(if the above language is your mother tongue, please indicate)* |  |
| DATE AWARDED (DD/MM/YYYY)  *(does not apply in case of mother tongue)* |  |
| GRADE  *(does not apply in case of mother tongue)* |  |

|  |  |
| --- | --- |
| LANGUAGE |  |
| CERTIFICATE  *(if the above language is your mother tongue, please indicate)* |  |
| DATE AWARDED (DD/MM/YYYY)  *(does not apply in case of mother tongue)* |  |
| GRADE  *(does not apply in case of mother tongue)* |  |

**PERSONAL STATEMENT** *(maximum 500 words)*

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| --- |
|  |

**REFERENCES**

*(Please provide the contact details of two referees, who will be willing to testify on your suitability for applying to this course of studies. At least one reference must be from an academic referee who is in a position to comment on the standard of your academic work and suitability for postgraduate level study. The second referee could either be academic or a previous employer who can provide comment on your professional experience).*

**REFEREE 1**

|  |  |
| --- | --- |
| NAME |  |
| SURNAME |  |
| POSITION/TITLE |  |
| ORGANIZATIONAL AFFILIATION |  |
| ADDRESS (Please include street number, city, country and postal code) |  |
| E-MAIL ADDRESS |  |
| PHONE NUMBER  (please include international and area codes) |  |

**REFEREE 2**

|  |  |
| --- | --- |
| NAME |  |
| SURNAME |  |
| POSITION/TITLE |  |
| ORGANIZATIONAL AFFILIATION |  |
| ADDRESS (Please include street number, city, country and postal code) |  |
| E-MAIL ADDRESS |  |
| PHONE NUMBER  (please include international and area codes) |  |