



DAAD

Deutscher Akademischer Austausch Dienst  
German Academic Exchange Service

**DIE SOMMERSCHULE VON KAZAN  
SUMMER SCHOOL IN KAZAN**

**“Fundamentals and Boundaries of Tolerance in Ethno-cultural and Interfaith Relations”  
25.08.11- 8.09.11**

Application Form 2011

Surname \_\_\_\_\_

First Name(s) \_\_\_\_\_

Sex:  Male  Female

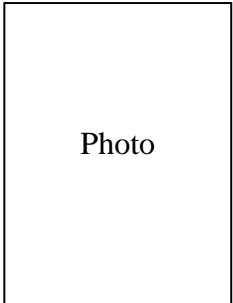
Marital Status:  Single  Married

Date of birth (*dd, mm, year*) \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of birth (*country, city*) \_\_\_\_\_

Citizenship \_\_\_\_\_

Passport number \_\_\_\_\_ Date of issue \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of expiry \_\_\_\_/\_\_\_\_/\_\_\_\_



**Home address:**

Street \_\_\_\_\_ Region/state \_\_\_\_\_

City \_\_\_\_\_ Post code \_\_\_\_\_ Country \_\_\_\_\_

Tel/fax: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Home institution:**

Name \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

Major \_\_\_\_\_

Tel/Fax \_\_\_\_\_

I am a(n)  undergraduate student  graduate student(master,PhD)  instructor(professor,lecturer)  
 university staff member  clergy/religious leader  other \_\_\_\_\_

Name and address of person submitting your recommendation \_\_\_\_\_

Person to be contacted in case of emergency:

Full name \_\_\_\_\_

Address \_\_\_\_\_

Tel/Fax \_\_\_\_\_

This person is my (mother/father/other) \_\_\_\_\_

**Language skills**

Native language \_\_\_\_\_

Other language(s) \_\_\_\_\_

**Russian language competence**       Fluent                       Conversational                       Beginner  
**English language competence**       Fluent                       Conversational                       Beginner

**Language instruction you would like to attend at IEML**     Elementary Russian       Intermediate Russian

**Food preferences**                       I am a vegetarian       I am a non-vegetarian

**Accommodation preferences**       hotels                       host families

**I have special needs:** \_\_\_\_\_  
\_\_\_\_\_

**Which embassy or consulate of the Russian Federation abroad processes your visa?**

Country \_\_\_\_\_ Town/City \_\_\_\_\_

Postal address \_\_\_\_\_

**Arrival details (if possible)**

Expected date of arrival in Moscow: \_\_\_/\_\_\_/\_\_\_ Arrival time: \_\_\_:\_\_\_ Airport \_\_\_\_\_ Flight \_\_\_\_\_

Expected date of arrival in Kazan: \_\_\_/\_\_\_/\_\_\_ Arrival time: \_\_\_:\_\_\_ Train # \_\_\_\_\_

**Motivation (4000 characters max)**

(please describe your objectives and comment on the summer school's potential impact on you)

\_\_\_\_\_

**IMPORTANT:**

**1. Make sure that your medical insurance is valid for the whole period of your stay in the Russian Federation. Enrollment is not possible without a valid insurance.**

**2. Do not forget to enclose a copy of your valid traveling passport, recommendation letters to this application form.**

*I certify that the above information is complete, accurate, and true. I understand that any false information will affect the decision on my application and make me ineligible for admission or enrollment in International Summer school program at the Institute of Economics, Management and Law (Kazan, the Republic of Tatarstan, Russia)*

Place and Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_