

STUDENT INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____ Citizenship: _____

Home Address _____

City _____ Zip Code _____

Phone Number _____ Email _____

Emergency Contact information _____

ACADEMIC BACKGROUND

Current school or university (name, location, program or major): _____

Year of study: _____

Other languages than English spoken (if any): _____

Relevant coursework or subjects studied related
to the summer school program: _____

Career goals : _____

Please submit your CV along with a cover letter outlining what you hope to contribute to the conference and how participating will support your academic or career goals to strasbourg.summer2025@gmail.com