Graduate College 'The Economics of Innovative Change' Application form

Last Name						
First Name(s)						
Nationality						
Gender						
Date of birth						
Place of Birth						
E-mail						
Phone number						
Current address						
Street						
City, Postal Code						
Country						
Education (chronologically, concurrent first)						
University	from - to	Field of Study		Degree	Grade	

What were your main fields of interest during your studies?

MA Thesis, Diploma Thesis, (First) State Examination					
Subject					
Advisor					
Date (fromto)					
Grade (out of a possible)					
Summary					
Which faculty member would you like to work with? Please name one member of the faculty					

1. Name							
Affiliation, Academic Address							
(academic) eMail							
2. Name							
Affiliation, Academic Address							
(academic) eMail							
Language skills (1) fluent (2) average (3) basic							
Language	Reading	Writing	Speaking				
Relevant Working experience (if any)							
Additional Remarks							
Hereby I confirm the correctness of the statement above.							
Yes	iess of the sta	nement above.					
Place, Date							

References: Please state two referees