Please complete this form in BLACK CAPITAL letters and write very CLEARLY.

Application Form Supply Chain Management Summer School 2015

A. Student’s Personal Data

1. Family name: 

2. First name: 

3. Date of birth: 

   Day/Month/Year

4. Sex: Male = M; Female = F

5. Place of birth: 

6. Nationality: 

7. Postal address: 

   Valid until __/__/20__

   Name (if different from number 1 and 2)

   Street

   Number

   International code

   Postal code

   City

   Country

8. Phone: 

9. E-mail 1: 

10. E-mail 2: 
B. Current study information

Current field of study: ..................................................................................................................

Current study year: ............................................................................................................

Name and complete address of the home institution / university:

_____________________________________________________________________

______________________________________________________________________________

C. Language Competence

<table>
<thead>
<tr>
<th>Mother tongue</th>
<th>Level (according to the CEFR*)</th>
<th>Level according to other ranking (please state which one)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>German</strong> (only for arrangement in language class)</td>
<td>☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐</td>
<td></td>
</tr>
<tr>
<td><strong>English</strong></td>
<td>☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐</td>
<td></td>
</tr>
</tbody>
</table>

*CEFR = Common European Framework of Reference for Languages (A1=beginner, C2=fluent)

D. Disability and special needs

Do you have any disability or special needs?

No ☐

Yes ☐

If yes, please specify: .............................................................................................................

........................................................................................................................................

........................................................................................................................................

........................................................................................................................................
E. Medical insurance

I am aware that I must have health insurance that provides coverage for my stay in Germany. I agree that I will take an insurance that meets or exceeds these requirements for the full duration of time. (You must send a copy of such insurance either with this application or at a later stage, but always before the summer school starts. MUAS offers a basic health insurance without any extra fees.)

Print Name …………………………………………………………..         Date/Signature...X……………………………………………..

F. Tuition

The tuition for the summer school program is 1,695 € without accommodation.

It needs to be paid by March 31, 2015.

G. Accommodation

I choose the following accommodation for the first week (and the last evening) in Munich:

- single bed room in a hotel (excl. breakfast): 690€
- 2 bed room in a hostel (incl. breakfast): 290€
- I organize housing individually.

Additional costs for housing in the second week will be approx. 30 to 60 € per night for a double bedroom and 70 -90 € per night for a single bedroom. Exact prices will be announced early 2015. We will try to take your room preference into account, based on room availability along the travel route. Accommodation prices are subject to change. Please visit our website for details.

H. Information

Where did you find out about the Supply Chain Management Summer School?

- Homepage of Munich University of Applied Sciences
- International Office at home university
- DAAD publications
- Brochures of Summer School
- Professor/student at home university
- Others, please indicate which ones:

..............................................................................................................................................................
I. Address of the Office of the Registrar’s

| Home institution / university: | ................................................................. |
| Contact person in the registrar’s office: | ......................................................... |
| Full address of the registrar’s office (often varies from the universities main address): | |

J. Safety and Cancellation Clause

You can withdraw your application until March 31, 2015. By transferring the tuition fee, your participation in the Munich Summer School of Applied Sciences 2015 is binding. Fees transferred cannot be refunded.

| Date ......................................................................... | Signature...X........................................ |

In case of an accident or an emergency situation, please contact:

| Name ........................................................................ | Address........................................... |
| Telephone............................................................. | Email................................................ |