

SECTION A PERSONAL DETAILS

SURNAME

9th Konitsa Summer School 2014

Application Form

DATE OF BIRTH

Complete the application form and submit it in an attached document to the School's contact email address: konitsa.summerschool@gmail.com

FIRST NAME				MALE FEMALE			
COUNTRY OF BIRTH				CORRESPONDENCE ADDRESS			
NATIONALITY				Telephone:		Fax:	
			ı	Mob. phone:		E-mail:	
SECTION B EDUCATION A	ND QUALI	FICATIONS					
JNIVERSITY or INSTITUTION ATTENDED	ACADEMIC YEARS From To		IAIN FIEL	ELD(S) OF STUDY		DEGREE ACQUIRED	DATE OBTAINED
(including city and country)	110111	10				(BA, MSc,etc.)	
SECTION C BIOGRAPHICA	L NOTE						
Please provide a short biographic possible published works and any					interest	s, research and othe	r practical experience
SECTION D LINGUISTIC SI	KILLS						
KNOWLEDGE OF ENGLISH: W	CON RITTEN	MPREHENSION	EXPRE	ESSION	ORAL	COMPREHENSION	EXPRESSION
Do you have language skills other t	han English?	(Check relevan	it items)				
LANGUAGE	Read	Write	Speak	Get by			
LANGUAGE	Read	Write	Speak	Get by			
LANGUAGE	Read	Write	Speak	Get by			



SECTION E COURSE SELECTION

Please select four (4) of the courses offered and place them in an order of preference.

[We remind you that applicants are asked to select **two (2) courses per course group**, namely four (4) courses in total. Make sure you choose courses from each course group.

We also remind you that all participants will have to attend the course "Ethnographic Research in Border Areas". This is a core course and the participation in it is a prerequisite for the certificate of attendance. So, do not type the course "Ethnographic Research in Border Areas" in your selection list] SECTION F REASONS WHY YOU WANT TO PARTICIPATE IN THE KONITSA SUMMER SCHOOL How do you see the Konitsa SS promoting your academic interests? Provide some of the reasons you would like to participate in it. SECTION G OTHER RELEVANT REMARKS Please provide any other supportive information that is relevant for your successful selection in the Konitsa Summer School SECTION H REFEREES Please provide us with the names and contact details of two staff members of your or any other university, who can be asked to send us a recommendation letter about you after your application has been accepted.

SECTION I ADDITIONAL INFORMATION
Do you have any special dietary needs? If yes, please give details
Are there any medical issues you would like us to know about? (This information will be kept confidential) If yes, please give details

SECTION J EMERGENCY
Please provide us with the name of the person whom we should contact in case of emergency.
NAME
NAME
ADDRESS
CITY, COUNTRY
PHONE
SECTION K HOW DID YOU HEAR ABOUT THE KONITSA SUMMER SCHOOL

Announcement in your university / department.......

Internet search......

You have attended the School before.....

Facebook.....

Other, please, give details

IMPORTANT NOTES FOR THE APPLICANTS

Please make sure you fill in your details correctly

This application should be completed and submitted by E-mail to the School's contact email address,

konitsa.summerschool@gmail.com

no later than MAY 15th ,2014

All applicants will be notified by the end of May 2014