Application Form

Personal Data

Surname				First na	me				
Present address				Permar	nent address (if different)				
Street adress				Street a	adress				
Postal code	City			Postal	code	City	City		
State	Country			State		Coun	try		
Phone				Phone					
Mobile				Mobile					
E-mail				E-mail					
Date of birth Da	y Month	Year		Citizens	ship				
City of birth	Country o	of birth		Passpo	rt number	Expira	ation date		
Matriculation number (if registered at an Austrian university)				Native language					
🗌 Female 🛛 Male	Other:			Other la	anguage(s)				
Academic background									
In which college or university a	re you presently eni	rolled?							
What is your field of study?					How many se	mesters have	e you complete	ed?	
Compared and the									
Course selection Please select one or two course	es vou wish to atten	d. Make sure that cou	rses do not	conflict	in time				
8:30 am – 10:30 am				00 am –					
					t and Visual Culture in Vienna around 1900				
					usic and Musical Culture in Vienna around 1900				
Vienna's Literature around 1900 and its Cinematic Reception									
How did you first find out about the univie: winter school?									
 Home University Study Abroad Office 	Brochure	Study Abroad Pr Social Media	rograms We	ebsite	SHS Website	🗌 Emb	bassy Sural Institute	Professor	
Former participant (state name):				Other (please state):					
Application									
Please submit: 1) Application fo 6) a copy of your passport (inne			-	4) official	proof of proficiency level	n English, 5)	two passport-	size pictures and	
The Sommerhochschule of the tion and processing of the pers Regulation (GDPR). For more de	onal data of our cu	stomers is always bas	ed on the a	appropria	ate legal regulation accord				
Affirmation									
I affirm that the information given in the application is complete and accurate.									
Date: Applicant's signature:									
Applications must reach the off									
I would like to receive infor	mation about futur	e programs of the Sor	nmerhochs	schule.					