

To be filled in electronically



Universität Stuttgart

## Summer University 2020 Application Form

Universität Stuttgart, Germany  
May 18 – June 26

Please note: Application DEADLINE is March 15, 2020 (applications after this date will only be considered if space is available)!

picture

mandatory if staying  
with host family

### 1. Personal Information

Family name .....

First names .....

Male  Female

Date of Birth ..... / ..... (e.g. Jan 18/1994)

Postal Address .....

Street .....

City .....

State ..... Zipcode .....

Country .....

E-mail ..... (please print clearly)

Phone + ..... (country code) + ..... (area code) + ..... (home phone)

Nationality .....

Emergency contact Information:

Name .....

Phone + ..... (country code) + ..... (area code) + ..... (home phone)

Do you have any special medical or dietary needs? If so, please give us the information so that we can provide the best service possible for you.

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## 2. Academic Information

Home University

Your Degree Program:  Architecture  Business  Engineering  Natural Sciences  
 Languages  Business  Psychology  Media  
 Social Sciences  Political Sciences  
 Arts/ Music  Medicine/Health Sciences  Other

**We offer a number of subject courses in English. These are limited to 15 people per class. Please mark the subject of your choice and rank it by preference. Please note that changes may occur due to availability of the offered subject courses. (1 = highest preference; 4 = lowest preference)**

- 20<sup>th</sup> Century Architecture
- Art History: European Focus
- Cross Cultural Communication
- International Business

### What is your background in German?

High School  University

What is your German language level? \* .....

How many years in total? .....

After filling out this form, please sign it and also have it signed by your International Program Adviser.

I hereby agree that data necessary for processing my application is stored in the management system of the International Office Stuttgart and distributed internally. My data may be disclosed internally for the purpose of my participation in the Winter University.

**Note: Without your consent the registration is not possible.**

Date .....

Signature of Applicant .....

The International Programs Office confirms that

Mr./Ms .....

is a student of this University .....

Signature .....

## Housing Questionnaire

The following information is strictly voluntary but necessary in order to place you in the best possible housing situation during the Summer University. The more you let us know about yourself, the easier it will be to match you. We will delete all data as soon as we have found you an appropriate family/housing situation.

Family name:			
First name:			
Age:			
Sex:	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
Special dietary needs:			
Special medical needs (asthma, allergies, etc.):			
Do you like sports? Which kind of sports do you like/ practice?			
Do you play an instrument? Which kind of instrument do you play?			
Do you have siblings?			
Please describe what type of person you are? (outgoing, introverted, special interests and/or dislikes)			
Do you smoke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does smoking bother you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Would you like to share your room with a room-mate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Doesn't matter <input type="checkbox"/>
If possible, would you like to stay with a friend in the same household?			
Is it okay with you to live with a family that keeps household pets (dogs, cats, mice, rabbits, birds, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Doesn't matter <input type="checkbox"/>
Anything else?			