

APPLICATION

Deutscher Akademischer Austausch Dienst
GERMAN ACADEMIC EXCHANGE SERVICE
871 United Nations Plaza
New York, NY 10017

Telephone: (212) 758-3223 Fax: (212) 755-5780
Email: daadny@daad.org Website: <http://www.daad.org>

GROUP STUDY VISITS

Name and address of college or university academic department requesting support:

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Name, position, address, voice and fax numbers, and e-mail address of faculty member(s) accompanying the group:

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Name, address, voice and fax numbers, and e-mail address of tour organizer (if other than above):

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Total number of participating faculty members:

Total number of participating graduate students:

Total number of participating undergraduate students:

On a separate page list the name, citizenship, academic status and field of each participant.

COMMAND OF LANGUAGES (please give approximate percentages for each category):

German excellent good fair poor none

Other Languages

ITINERARY AND PROGRAM

Planned date of entry into the Federal Republic of Germany: Place:

Means of transportation: Flight No., if applicable:

Planned date of departure from the Federal Republic of Germany: Place:

Means of transportation: Flight No., if applicable:

On a separate page please outline the objectives of the tour, including a tentative itinerary and special points of interest.

Names and addresses of institutions and persons in Germany with whom your are already in contact:

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Name, address, telephone and fax number, and e-mail address of person(s) to be notified in case of emergency

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I ACCEPT THE CONDITIONS SET FORTH BY DAAD FOR THE SPONSORSHIP OF GROUP STUDY VISITS. I WILL NOTIFY DAAD IMMEDIATELY OF ANY CHANGES AFFECTING THIS APPLICATION. NO CHANGES IN DATES OR ITINERARY WILL BE ACCEPTED AFTER DAAD AGREES TO SPONSOR THE VISIT.

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Place Date Signature

Please note: The exact number of participants must be indicated on the application form; if necessary, the list of participants can be submitted at a later date.
