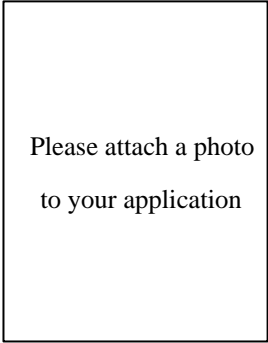


Professor Dr. Thomas M. J. Möllers
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AUGSBURG SUMMER PROGRAM APPLICATION

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A. Personal Information

Mr. Ms.

Last Name First Name Middle Name

Date of Birth (dd/mm/yyyy) Nationality

Street

City State Country Zip Code

Telephone Email

B. Academic Career

Secondary / High School from which you graduated	City, State	Dates of Attendance	Major and Degree	Date Degree Awarded or Expected
Colleges or Universities attended				
Law School attended				

C. Please list the courses you want to take (you can find all offered courses here.)

-
-
-
-
-

D. Other Skills

Language Skills (which and how long):

Experience Acquired Abroad (country, purpose and duration):

Work Experience:

Scholastic Honors (scholarships, prizes, etc.):

Volunteer Work:

.....
(Place and date)

.....
(Signature)