



**Internship Application Form**

Term(s):    Winter '17    Spring '17    Summer '17    Fall '17    Winter 2017

**APPLICANT INFORMATION**

**Name:**                      Last:                                      First:                                      Middle:

**Date of Birth**                      /                      /                                      Gender:                       Female                       Male

**Citizenship:** \_\_\_\_\_

**Passport #:** \_\_\_\_\_

**Preferred E-mail:** \_\_\_\_\_ @ \_\_\_\_\_

**Local Address:** \_\_\_\_\_

**Local Phone:**                      (                      ) \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**Permanent Phone:**                      (                      ) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:**                      (                      )                                      **Work Phone:**                      (                      ) \_\_\_\_\_

**ACADEMIC INFORMATION**

**College/University:** \_\_\_\_\_

**Academic Major:** \_\_\_\_\_                                      **Minor:** \_\_\_\_\_

**Class Year:**                      FR                      SO                      JR                      SR                                      **Cumulative GPA:** \_\_\_\_\_

**Academic Advisor:** \_\_\_\_\_                                      **Email:** \_\_\_\_\_

**List courses in which you are currently enrolled:**

\_\_\_\_\_

\_\_\_\_\_

**Other courses you plan to complete before going abroad:**

\_\_\_\_\_

\_\_\_\_\_

**List languages you have studied and the number of years in which you have studied them:**

Language                                      # of years studied

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ACADEMIC REFERENCES (optional)

List the names and department of the faculty members from whom you have letters of recommendation:

1. Name: \_\_\_\_\_ Department: \_\_\_\_\_

2. Name: \_\_\_\_\_ Department: \_\_\_\_\_

## CERTIFICATIONS

May STUDIENFORUM BERLIN E.V. release your name and e-mail address to other present/ potential study abroad participants?  Yes  No

May STUDIENFORUM BERLIN E.V. provide information related to your study abroad program to the person listed as your emergency contact?  Yes  No

I certify that the information in this application is complete and correct to the best of my knowledge. I understand that the application process may include supplementary materials, which I agree to complete promptly. If accepted, I will participate in all required orientations and complete all evaluation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Since your application will be processed only when all the required data have been provided and the deposit transferred, did you remember to . . .**  
*(please check applicable boxes)*

- sign and date your application form?
- include a recent CV?
- attach four passport-sized photos to your application form (sending the photo as an email attachment will suffice)?
- include the most recent official transcript?
- include your letters of recommendation (optional)?
- include a 1-2 page essay on the reasons for your participation in the program?
- transfer the deposit of EUR 150 to STUDIENFORUM BERLIN E.V., of which EUR 100 is refundable in case of cancellation at the latest 10 weeks prior to program start? (Add EUR 20 processing fee when paying with a personal check).

**Studienforum Berlin's Fax-No. is: +49 30 85999419**

### STUDIENFORUM BERLIN E.V.

Hauptstr. 74 • 12159 Berlin • Germany • Tel.: +49 30 85999414 • Fax: +49 30 85999419

Email: [gjacobsen@studienforum-berlin.de](mailto:gjacobsen@studienforum-berlin.de) • URL: <http://www.studienforum-berlin.de>