



Universität Hamburg

DER FORSCHUNG | DER LEHRE | DER BILDUNG

Hamburg International Summer School

Full name: _____

Full name: _____

Faculty: _____

Faculty: _____

Department/Institute: _____

Department/Institute: _____

Position: _____

Position: _____

If other, please specify: _____

If other, please specify: _____

Which strategic partner institutions or profile partnerships are involved?

Which other partner universities are involved?

Please state the following information about the planned summer school

Title _____

Subject Area _____

University _____

Country _____

ECTS/credits _____

Date _____

Module duration _____

Target Group _____

Costs _____

Discount _____

Link to website (if available) _____

Contact (name and mail) _____