

European University Viadrina Nomination Form: Viadrina Summer Courses 2025

Student Information:	
Name:(family name)	(first name)
Gender: male/female/diverse E-N (circle one)	Mail:
Birthday: / / MM DD YY	
Home University:	
Permanent Address:	
Phone Number:	
Home University Study Abroad Co	ordinator Information:
Name:(family name)	(first name)
Title of the Officer:	
Office Address:	
Phone Number:	E-Mail:
	versity to participate in the "Viadrina Summer niversity Viadrina (June 1 - July 16, 2025).
Student Signature:	Date:
Home University Signature:	Date: