**APPLICATION FORM**

To be returned to:

**Luis Alejandro Sanchez Chaves, luis.sanchez.chaves@una.cr**

**with a copy (cc) to: Marinus J. Sommeijer, m.j.sommeijer@uu.nl**

Please read each question carefully before answering:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *1. PERSONAL DATA:* | | | | | | | | | |
| Surname/Family name: |  | | | Maiden name: | |  | | | |
| Forename/ Given name: |  | | | Initials: | |  | | | |
| Date of birth: |  | Nationality: |  | | | | | Sex: |  |
| Address: |  | | | | | | Country: | |  |
| Phone: |  | | | E-mail: |  | | | | |
| Name and Phone in case of emergency: |  | | | Relative: |  | | | | |
| Please paste here a digital copy of a recent photograph: | | | | |  | | | | |

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| *2. Educational Background:* | | | | | |
| from | to | Institution | Location | Major field of study | Qualifications obtained |
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| *3. Present Employment:* | | | (Please list present and previous positions if relevant) | | |
| Name of organization by which you are employed: | |  | | | |
| Address and country: |  | | | | |
| Your present position: |  | | | Occupied since: |  |

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| *4. Publications:* | | (Please list relevant publications) | | |
| Year | Title | Journal | Volume | Pages |
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| *5. Languages:* | | **Please note, the course will be lectured in English** |
| Native language: |  | |
| Other languages: |  | |

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| *6. Motivation:* | |
| Please indicate why you wish to participate in the course: |  |
| Comments by the student and other points of relevance: |  |

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| *7. Financial arrangements:* | | |
| **Payment instructions:** |  | The registration fee of 250 Euro, to be transferred to account number: NL14INGB 0007 1175 31 of “Beecourse Costa Rica UNA UU” without any bank charges or deductions. |
| **Insurances:** |  | I understand that the organizers do not accept any responsibility for risks such as loss of life, illness, injury, loss of property, theft, material damage, etc. |

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| *8. Signature:* | | | | | |
| The organization will guaranty that the information provided by you will be treated with the utmost confidentiality. | | | | | |
| I certify that I have answered the above questions truthfully and completely to best of my knowledge. | | | | | |
| Place: |  | Date: |  | **Signature of the Applicant:** |  |