



Institute on Comparative Regional Integration Studies in alliance with



INTERNSHIP APPLICATION FORM

Fill out as stated on your I.D. card

First Name	
Family Name	
Country of Residence	
Telephone	
Email Address	
Sex	
Nationality	
Date of Birth (DD/MM/YY)	
Highest Degree Obtained or (Soon) Expected	
Higher Education Institution (Name and Location)	
Thesis Subject	
Preferred Research Programme	
Preferred Start Date (DD/MM/YY)	
Preferred End Date (DD/MM/YY)	
How did you find out about the internship opportunity?	
I understand that the internship position is non-remunerated	