

Application for Admission

(Application deadline: February 16, 2024)

COLLEGIUM PHAENOMENOLOGICUM

Città di Castello, Italy, July 8-26, 2024

All applicants should email their applications in an electronic format directly to the Director at gert-jan.vanderheiden@ru.nl.
Please write "Collegium 2024 Application" in the subject heading.

Name _____
LAST FIRST MIDDLE

Present Contact Information

Number and Street _____

City, State _____ Zip Code _____

Country _____

E-mail Address _____ Telephone _____

Citizenship _____ Legal Residence _____

*Please note: Participants are responsible for having the appropriate passport/visa(s) for traveling to Europe.
Note that visa applications may take some time.*

In case of emergency, notify: Name(s) _____

Relationship to you _____

Phone _____

Address _____

Academic Information

Major field of study _____

List, chronologically, all colleges and universities attended and degrees obtained:

Year	Institution	Degree
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

In addition to this application information, please also submit items 1-3 of A or B below:

A. If you are a college or university faculty member:

- 1) A current curriculum vitae.
- 2) A statement of purpose (please attach one-page statement to application).
- 3) One letter of recommendation from someone who knows your academic qualifications.

Name of referee _____

Institution _____

Position _____

B. If you are a graduate student:

- 1) A current curriculum vitae, including coursework and GPA.
- 2) A statement of purpose (please attach one to two-page statement to application).
- 3) Recommendations from two faculty members who know your academic qualifications.

Name of referee _____

Institution _____

Position _____

Name of referee _____

Institution _____

Position _____

Please ask your referee(s) to email the letter(s) directly to the Director (gert-jan.vanderheiden@ru.nl).
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

“I hereby certify that the information on this application is complete and accurate.”

APPLICANT'S SIGNATURE (TYPE YOUR NAME)

DATE

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