



**INTERNATIONAL SUMMER SCHOOL
AGRISUMMER IN BLACK SOIL REGIONS OF RUSSIA
Application form**

FAMILY NAME	
NAME	
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH (DD/MM/YY)	
INSTITUTION	
FACULTY / DEPARTMENT	
YEAR OF STUDY	
TELEPHONE	
E-MAIL	
CORRESPONDENCE ADDRESS	
POSTCODE	
COUNTRY	

Date _____

Signature _____