**APPLICATION FORM**

**FOR THE INTERNATIONAL SUMMER SCHOOL ''GENOCIDE STUDIES''**

|  |  |
| --- | --- |
| Name and Surname |  |
| Date and place of birth |  |
| Address |  |
| Mobile phone number |  |
| E-mail  |  |
| University |  |
| Faculty |  |
| Department/Year of study |  |
| Reason for applying to our Summer School?" |  |
| Have you heard of the genocide in Srebrenica before, and what topics are you particularly interested in? |  |
| Have you previously participated in similar programs, and if so, which ones? |  |
| What are your expectations regarding the Summer School? |  |
| Do you have any specific requirements/needs during your stay in Srebrenica that the organizers should be aware of? |  |
| Date of application |  |
| Signature |  |