



**LEYDEN - AMSTERDAM - COLUMBIA
SUMMER PROGRAM IN AMERICAN LAW**

AMSTERDAM SESSION

APPLICATION FOR ADMISSION

(This form must be completed in English; please print CLEARLY)

Surname of applicant
First name(s)
Address:
private
.....
tel. fax e-mail
office
.....
tel. fax e-mail
Nationality sex
Date, place and country of birth

Academic career:

1. University and/or Faculty
2. Years of academic studies completed
3. Academic degrees obtained or examinations passed (please use original language, no translations, and add full information about grades)
.....
.....
4. (For students) University officers who can confirm the accuracy of your answers to 1-3
.....
.....
5. Describe other summer course(s) in which you have participated
.....
.....
6. Provide a short description of your schooling and proficiency in English
.....
.....
.....
7. Persons who, if necessary, can confirm the accuracy of your answer to 6
(Enclose, if possible, 'Test of English as a Foreign Language' results)
.....
..... tel., fax and/or e-mail

Reasons for application:

Why are you interested in the course?
.....
.....
.....

Professional employment:

.....
If relevant, please specify the kind of legal work done
.....
.....
Period of employment
Full or part-time work?
Persons who can provide information on your work
..... tel., fax or e-mail

Letter of recommendation:

Please add one letter of recommendation from a University Professor or employer
Name
Address

Scholarships:

Do you expect financial support from some institution or firm to permit your participation?
If yes, please specify
.....
.....

If not, which efforts would you have to make to obtain financial support from outside sources?
.....
.....

A limited number of scholarships is available; mainly for participants from countries with rigid
currency restrictions. Do you apply for a scholarship? yes - no

If so, please specify the absolute minimum amount (no traveling or personal expenses) necessary to
enable you to participate. Give a short description of your financial circumstances
.....
.....
.....
.....

Courses:

State, in the order of your preference, the elective courses you would like to take. (Only three will be
assigned to you, and mentioned on the certificate upon meeting the requirements of the Program)

1.
2.
3.

- 4.
- 5.

Are there any remarks you wish to make which are important for your application?

.....
.....
.....
.....
.....
.....

Date
Signature

You are requested to return this form BEFORE June 4th, 2003*, to:

Columbia Summer Program
Amsterdam Law School, University of Amsterdam
Columbia Summer Program
Attn: Ms. Esther Tordjman
P.O. Box 1030
1000 BA Amsterdam
The Netherlands
Fax + 31 20 525 4957
Email: oosterom@jur.uva.nl

*Date subject to change.