CENTER FOR TRANSNATIONAL LEGAL STUDIES

Nomination/Student Information Form

(The following section is to be completed by the nominated student.)

Student Na	me:		
	[Last Name/Family Name]	[First Name/Given Name]	[Middle/Other Name]
М	F Date of B	of Birth (month/day/year):/	
Primary Ci	tizenship:	Other Citizenship:	
Telephone	(incl. country code):	E-mail:	
Current Ad	dress:		
Dates durin	ng which this address is valid (mor	th/day/year)	
Permanent	Address:		
Dates durin	ng which this address is valid (mor	nth/day/year)	
Please indic	cate your home law school		
How many	years of law study have you comp	oleted?	
For which s	semester(s) have you been nomina	ted to study at CTLS?	
Fall 2022 _	Spring 2023	Fall 2022 and Spri	ng 2023
	•		
('.	The following section is to be com	pleted by an authorized representati	ve at the student's home institution.)
		I to participate in this exchange prograge proficiency required for partici	ram. He/she is in good academic standing pation in this program.
	named student has not been the su e subject of academic suspension		demic censure. The above named studen
Signature a	nd Date		
Name and	Title of Authorized Representative	 ;	