CENTER FOR TRANSNATIONAL LEGAL STUDIES

Nomination/Student Information Form

The completed form can be scanned and emailed to Maike Kotterba-Wilson at mk639@georgetown.edu,

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

Student Name: _____ _____

[Last Name/Family Name] [First Name/Given Name] [Middle/Other Name]

M ☐ F ☐ Date of Birth (month/day/year): _____/_____/_____

Primary Citizenship: _____ Other Citizenship: _____

Telephone (incl. country code): _____ E-mail: _____

Current Address: _____

Dates during which this address is valid (month/day/year) _____

Permanent Address: _____

Dates during which this address is valid (month/day/year) _____

Please indicate your home law school _____

How many years of law study have you completed? _____

For which semester(s) have you been nominated to study at CTLS?

Fall 2025 ☐ Spring 2026 ☐ Fall 2025 and Spring 2026 ☐

Which areas of law are you interested in? _____

(The following section is to be completed by an authorized representative at the student's home institution.)

The above named student has been nominated to participate in this exchange program. He/she is in good academic standing and has the academic record and English language proficiency required for participation in this program.

The above named student has not been the subject of disciplinary action or of academic censure. The above named student has not been the subject of academic suspension or probation.

_____

Signature and Date

_____

Name and Title of Authorized Representative