

# 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](mailto: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 2026 \_\_\_\_\_ Spring 2027 \_\_\_\_\_ Fall 2026 and Spring 2027 \_\_\_\_\_

Which areas of law are you interested in? \_\_\_\_\_

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*(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