AMHERST COLLEGE
DEPARTMENT OF GERMAN

APPLICATION FOR STUDY AT GÖTTINGEN UNIVERSITY

Name: ____________________________ Email__________________________ Class: ______

Application for: 2016/17 _____ Fall 2016 _____ Spring 2017 _____ (please check one)

AC P.O. Box (or mailing address):__________________________________________________

Major (if declared): __________________________________________________________________

Proficiency in German (self-appraisal): ________________________________________________

Reading: ___________________________ Speaking: _________________________________

Writing: _____________________________ Understanding: ____________________________

Reason for your interest in studying at Göttingen University:
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Please return by Tuesday, December 1, 2015, to:

Chair, Department of German
Amherst College
Campus Box 2255
Amherst, MA 01002