



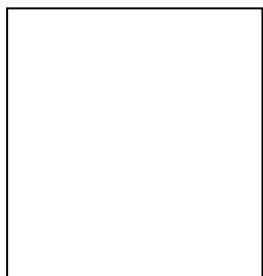
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## INTERNATIONAL SUMMER SCHOOL

### “GEORGIAN MANUSCRIPT”

19-28 JULY, 2016

Tbilisi, Georgia



(PHOTO)

#### PERSONAL INFORMATION:

First Name: .....

Last Name: .....

Date of Birth: .....

Country of Origin: .....

Passport No: .....

#### CONTACT INFORMATION:

E-mail Address: .....

Tel: .....

Fax: .....

Contact Person in Case of Emergency: .....

E-mail and Tel of Contact Person .....

#### EDUCATION:

University .....

Field of Study .....

Degree .....

Years of Study .....

University .....

Field of Study .....

Degree .....

Years of Study .....

University .....

Field of Study .....

Degree.....

Years of Study.....

University .....

Field of Study .....

Degree.....

Years of Study.....

**WORKING EXPERIENCE:**

Name of Organization.....

Position .....

From ..... To .....

Duties and Obligations .....

LANGUAGES	LEVEL OF KNOWLEDGE			
English	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Basic
Georgian	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Basic
Russian	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Basic
Other	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Basic
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Basic
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Basic

**1. WHAT ARE THE MAIN REASONS FOR YOU TO PARTICIPATE IN SUMMER SCHOOL “GEORGIAN MANUSCRIPT”?**

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**2. WHAT ARE YOUR EXPECTATIONS FROM THE SUMMER SCHOOL “GEORGIAN MANUSCRIPT”?**

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**3. WHAT AND HOW CAN YOU CONTRIBUTE TO THE SUMMER SCHOOL TO MAKE IT MORE INTERESTING AND SUCCESSFUL?**

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**4. HOW CAN YOU USE THE KNOWLEDGE AND EXPERIENCE GAINED AT THE SUMMER SCHOOL FOR THE REALISATION OF YOUR FUTURE PROFESSIONAL AND/OR PERSONAL PLANS AND GOALS?**

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**5. PLEASE GIVE US THE TITLE OF YOUR PRESENTATION THAT YOU WILL PRESENT ON THE LAST DAY OF THE SUMMER SCHOOL ACCORDING TO THE PROGRAM (12 minutes for the presentation and 3 minutes for questions, 15 minutes total).**

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Filled Application Form should be sent to this e-mail address: [summerschool@manuscript.ac.ge](mailto:summerschool@manuscript.ac.ge) no later than 14<sup>th</sup> of June, 2016. Selected candidates will be notified by the 19<sup>th</sup> of June, 2016.

Contact Person (foreign participants): TAMAR ZHGENTI

Head of International Relations Service

Korneli Kekelidze National Centre of Manuscripts

E-mail: [summerschool@manuscript.ac.ge](mailto:summerschool@manuscript.ac.ge)

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Deputy Head

Department of the International Relations, Development and Education

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