

Servicezentrum für Prüfungsangelegenheiten (SPA)
Internationales Institut für Management und ökonomische Bildung

Registration for a Summer School (European Studies)

Prüfungsnummer: 152002151

Must be handed in to the examination office before the summer school begins!

Name, Surname: _____ Matriculation number: _____

Starting date: _____ End date: _____

Information about the
summer school:

Name of the summer
school:

Address:

Organizers:

Telephone:

E-Mail:

Date and signature of the student: _____

The summer school has been approved by the

Coordinator (EUS), date and signature: _____



Summer School Report European Studies (MA/MSc)

Within the elective courses participation in a summer school can be accepted to the extent of 5 CP/ECTS, on the condition that it is relevant to the MA European Studies, is at a master level and has been approved by the Head of Studies (in advance).

To confirm your participation please hand in a 5-6 pages report together with the relevant (filled out) certificate attached below. This will be evaluated with pass/fail and will not be included in your final average grade. This **documentation** is **due 8 weeks** after completion of the summer school and must be **submitted to the European Studies office** in a simple printed plus one electronic version (please affix to the printed work).

It should include the following information:

Cover sheet

- Student name
- Matriculation number
- Name of the summer school
- Hosting organization
- Total credits granted by hosting organization
- Dates and number of days
- Date of submission

Description of the summer school

In this section, please summarize the main contents dealt with during the summer school and include an official programme.

Relevance of the summer school with regards to the MA European Studies

Please elaborate why the course is relevant to the MA European Studies at the Europa-Universität Flensburg.

Personal relevance for the chosen summer course

In this section, please describe why you chose the course and why it is relevant for your future career or research interests.

Evaluation of the summer school

Please elaborate on your experiences and the added value of the summer school.

- What did you gain from attending the summer school?
- Would you recommend it to fellow students? Why or why not?

Confirmation of Summer School Certificate (Master European Studies)

Name, Surname: _____

Matriculation number: _____

To be filled out by the summer school:

Name of summer school: _____

Affiliated institution: _____

Department: _____

Address: _____

Starting date: _____ End date: _____

The student has successfully participated in the summer school.

Date, Stamp, Signature

To be filled out by the university:

The student has submitted the summer school report and has passed. yes no

I herewith accredit achievement with 5 CP for: 152002151.

Date, Signature of EUS Coordinator