POTSDAM SUMMER SCHOOL 2025

BEYOND 2030 - TRAJECTORIES & PRIORITIES FOR A SUSTAINABLE FUTURE

From September 15 until September 19 in Potsdam, Germany

APPLICATION FORM	
Surname:	
First Names:	
Gender (m/f/d):	
Date of Birth:	
Passport No. (required, in case of visa application)	
E-Mail:	
Phone:	
Country of Origin:	
Country of Residence:	
Postal Address:	
Street	
City	
State/Province	
Postal Code	
Country	
Organisation/URL:	
Department:	

Organising partners:













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From September 15 until September 19 in Potsdam, Germany

Current Profession/Status:					
Highest Degree Earned:					
riighest begree Lamed.					
Vanagad lastitution of Danies					
Year and Institution of Degree:					
Decemmended by:					
Recommended by: (list 2 names and their affiliation:					
Reference Person 1/E-Mail:					
Reference reison I/E-Mail.					
Deference Develop 2/E Maile					
Reference Person 2/E-Mail:					
NA/a lal a calcada a finis					
Would you share a twin	O Yes	○ No			
room at the hotel?					
(Please tick the box)					
(This will reduce the tuition fee to \P 175 but will not have any	impact on the selection	on of candidates)			
How did you find out about the Potsd	am Summer	School 202	5?		
			0		
I hereby confirm that I will cover for m	iy nealth inst	irance durin	g the Summer S	school 2025 i	ın
Potsdam.					
I have read and understood that I have	ve to pay a tι	iition fee of €	€ 350 for a singl	e occupancy	and
€ 175 for a shared twin room. This wi	Il only apply	if I am chose	en as one of the	participants	and
can attend the event in person.					
		5 :			.,
I have read the Privacy Policy		Protection	Information or	n the webs	site
https://potsdam-summer-school.org/p	mvacy.				
By ticking this box, I consent to	the Privacy	Statement a	and Data Protec	tion Informati	ion
By ticking this box, I consent to and confirm that all details sub					
correctly and in the utmost goo		• •	•	,	
			_		
Date/Signature					

Organising partners:











