

APPLICATION FORM

architecture ▲ world
Münster

GENERAL INFORMATION

First name

Last name

Street

House number

ZIP code

City

Country

E-Mail

Date of birth

EDUCATIONAL BACKGROUND

Field of study

Average grade of studies (to be approved by transcript of records or confirmation of professor in charge)

The min. request is two years of architecture studies.

Which (number of) semester/trimester are you currently attending?

Semester 4 5 6 7 8 9 10 higher _____

Trimester 6 7 8 9 10 11 12 higher _____

Title and grade of the submitted project work

The workshops will run parallelly. So please make a 1 for your first choice, a 2 for your second and a 3 for your third choice. We will certainly try to consider your wishes.

I would like to attend the workshop of:

Dr. Ken Yeang Prof. Thom Mayne Prof. Fumihiko Maki