



INTERNATIONAL STAFF TRAINING WEEK 2015 **June 15–19, 2015**

Last name:

First name:

University:

Erasmus Insti-
tutional Code:

Position:

Phone:

Fax:

E-mail:

Special interests / host departments:

I herewith confirm that I will take part in the program and that my command of English is sufficient to participate actively in the ISTW.

Date

Signature

Please send this form to the International Center Clausthal (IZC)

Fax: +49 (0)5323 72 5049

E-mail: staffexchange@tu-clausthal.de

