**Application form**

*Please, send the completed application form and recommendation letter to*

# reebaux2020hun@gmail.com

|  |  |
| --- | --- |
| **Name and surname** |  |
| **University/Faculty** |  |
| **City** |  |
| **Country** |  |
| **Type of study** | Master | ☐ | PhD | ☐ |
| **Study programme** |  |
| **Supervisor\*** |  |

\**Letter of Recommendation*: Short letter of recommendation written by the student's supervisor is required (Please, see Page 2 of this application form with an included template for the letter of recommendation)

## CONTACT DATA

|  |  |
| --- | --- |
| **Address** |  |
| **City** |  |
| **Postal code** |  |
| **Country** |  |
| **e-mail** |  |
| **Contact phone** *(optional)* |  |

**ARRIVAL DATA**

|  |  |
| --- | --- |
| **Arrival date to Budapest\*** |  |
| **Date of departure from Budapest\*** |  |
| **I need accommodation in Budapest\*** |  **Night October 14/15**  | Yes ☐ | No ☐ |
|  **Night October 17/18**  | Yes ☐ | No ☐ |
| **I will arrive in Budapest by** | Car ☐ | Bus ☐ | Train ☐ | Plane ☐ |
| **I have diet requirements (if yes, state what kind of requirements you have)** |  |

\*We will depart from Budapest by bus early morning on October 15, and will return in the evening on October 17, 2020,. Accommodation will be arranged for those arriving to Budapest the day before and leaving the day after the workshop, *if required*.

By submitting this form, I agree that my data will be used by the organizers to arrange my attendance at the REEBAUX workshop. **Insurance and Liability:** It is recommended that participants obtain adequate cover for travel, health and accident insurance before they depart for the Workshop. The organizer cannot accept responsibility for personal injuries, or loss of, or damage to, private property belonging to the participants.

## UNIVERSITY: \_ SUPERVISOR: \_

**Supervisor’s e-mail:**

**L E T T E R O F R E C O M M E N D A T I O N**

Hereby, I recommend *(name and surname of student)*

### for attendance at the 2nd REEBAUX Workshop, due to:

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Overall student’s academic achievements so far:** | Excellent ☐ | Very good ☐ | Average ☐ |
| **2. Has the student attended any bauxite-related study course(s)?** |  |
| **3. What would be benefit for the student to attend the workshop? (For instance, is the student participating/is going to participate in a bauxite-related research as a part of his/her master/PhD thesis, project or similar?)** |  |

Date:

Signature