

This letter was issued by:

Signatory last and first name: _____

Position: _____

University/ Faculty/ Department: _____

Address of Institution: _____

Phone: _____

E-Mail: _____

Date: _____

Signature: _____

(If possible, stamp/seal of your institution)

Please send a scanned copy of the signed document to the following e-mail address:

admissions-KSOP@idschools.kit.edu

Please be aware that the application deadline is April 30!

If you are looking for additional information on the program, please have a look at our website:

www.ksop.kit.edu