**Application Form – 32nd Willem C. Vis Moot**

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| --- | --- |
| **Name:** |  |
| Address: |  |
|  |
| Date of birth: |  |
| E-mail: |  |
| Phone: |  |
| Average grade / number of semesters completed: |  |

**Picture**

**How well do you speak English and where did you learn it?**

**What makes you a good team player?**

**What is your motivation to be part of the Lucerne Willem C. Vis Moot Team and what are your expectations?**

Please send this form to moot-wien@unilu.ch. If you have questions do not hesitate to contact us.