

**STUDENT APPLICATION FORM**ACADEMIC YEAR: **2011/2012**FIELD OF STUDY: **Medicine**

Photograph

This application should be in BLACK in order to be easily copied and/or telefaxed

SENDING INSTITUTION

Name and full address

Departmental Coordinator

Institutional Coordinator(s)

STUDENTS PERSONAL DATA

(to be completed by the student applying)

Family name:		First name:				
Date of birth:		Sex:	EU-Member	yes		no
Place of birth:						
Current address:	Permanent address:					
Tel.:		Tel.:		Email:		
Current address is valid until:						

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM

(in order of preference)

Institution	Country	Period of study		Duration of stay (months)	No. of expected ECTS credits
		from	to		
1.					-
2.					
3.					

Name of student
Sending institution:

Briefly state the reasons why you wish to study abroad:

LANGUAGE COMPETENCE

Mother tongue:	Language of instruction at home institution:				German	
Other languages:	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	YES	NO	YES		YES	NO
1.	[]	[]	[]	[]	[]	[]
2.	[]	[]	[]	[]	[]	[]
3.	[]	[]	[]	[]	[]	[]

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	Dates	Country

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying:	Medical State Examination
Number of higher education study years prior to departure abroad:	
Have you already been studying abroad?	Yes [] No []
If Yes, when ? at which institution ?	
The attached Transcript of Records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.	

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad ?
Yes [] No []

Receiving institution	
We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's transcript of records.	
The above-mentioned student is	[] provisionally accepted at our institution
	[] not accepted at our institution
Date: _____	
Departmental Coordinator's signature	Institutional Coordinator's signature