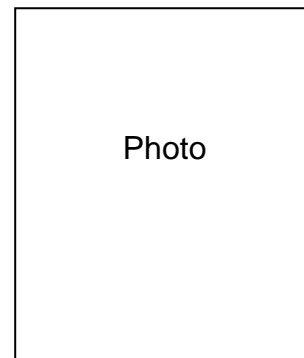


APPLICATION FOR ADMISSION
Exchange Students



ERASMUS

Other: _____

PERIOD OF EXCHANGE

Full year 20...../20..... Autumn semester 20..... Spring semester 20.....

PERSONAL DATA *Please print clearly*

Family Name: _____ First Name(s): _____

Permanent Address: _____

Postal Code: _____ City: _____ Country: _____

Phone (incl. country code): _____

E-mail: _____

Date of Birth: _____ Citizenship: _____ Male Female:

HOME INSTITUTION

Home university: _____

Address: _____

Contact person(s): _____

Phone/ Fax/ E-mail: _____

PRESENT STUDIES

Study Course at Home University: _____

Since: _____ Expected date of graduation: _____

LANGUAGE SKILLS

Mother Tongue: _____

	Oral understanding	Reading	Writing	Speaking
_____:	_____	_____	_____	_____
English:	_____	_____	_____	_____

Requested Date of Arrival: _____

Requested Length of Stay: _____

Do you like to apply for accommodation: yes no

Do you intend to do a practical during your stay: yes no

If yes, please state the length of the practical: _____

Please state the field in which you would like to do your practical

Work experience / Practical related to current studies

Type of work	employer	start and end date	country

Please specify any subjects you intend to study:

INSURANCE *(to be completed on arrival if you do not have this information now)*

Name of Insurance company: _____

Address: _____

What kind of insurances do you have?

Health (obligatory) Third party (recommended) Personal property (recommended)

Appendices

Learning Agreement

One passport size photo

Other documents: _____

Date, Student's signature: _____

SIGNATURE ON BEHALF OF HOME INSTITUTION

I hereby certify that this student has been selected at EHD to participate in the exchange programme

Coordinator: _____

Phone/ Fax/ E-mail: _____

Date, Signature: _____