



STUDENT APPLICATION FORM ACADEMIC YEAR 20...../20.....

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

SENDING INSTITUTION

Name and full address:

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Erasmus+ coordinator – name, telephone and telefax numbers, e-mail box:

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STUDENT'S PERSONAL DATA (to be completed by the student applying)

Family name: First name(s):

Date of birth: E-mail:

Sex:..... Nationality:..... Passport number:

Place of birth: Permanent address (if different):

Current address:

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Current address is valid until: Tel.:

Tel.: Mobile:

Period of stay: one semester two semesters Year

Study Programme:

Place of Study (Town of FOM Study Centre):

Briefly state the reasons why you wish to study abroad?

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RECEIVING INSTITUTION Name and full address:

FOM Hochschule, Leimkugelstrasse 6, 45141 Essen, Germany

Institutional coordinator – name, telephone and telefax numbers, e-mail box:

Michaela Schönherr, FON 0049 201 81004 446, FAX 0049 201 81004 310, michaela.schoenherr@fom.de

Incoming students – name, telephone and telefax numbers, e-mail box:

Lea Rühmann, FON 0049 201 81004 162, FAX 0049 201 81004 310, lea.ruehmann@fom.de

LANGUAGE COMPETENCE						
Mother tongue: Language of instruction at home institution (if different):						
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	No	Yes	No
German.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)			
Type of work experience	Company/ Organization	Dates	Country
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PREVIOUS AND CURRENT STUDY
Diploma/degree for which you are currently studying:
Number of higher education study years prior to departure abroad:
Have you already been studying abroad? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, when? At which institution?
The attached <u>Transcript of Records</u> 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.

THIS APPLICATION FORM IS VALID ONLY WITH THE FOLLOWING SIGNATURES:	
Erasmus+ coordinator at home university	
Phone	
Fax	
Email	
Signature of the ERASMUS+ coordinator/stamp	I hereby confirm the data the student has given with application form.
Date	
I hereby confirm that: – I have undertaken necessary preparations to understand the language of teaching at FOM, which is mainly German, in order to be able to successfully achieve the necessary credits as required from my home university. – I possess the necessary health insurance for the duration of my stay at FOM. – I agree that the International Office will save my details, use them confidentially and make them available to a third party only in accordance with the objectives of the ERASMUS+ programme. Furthermore I am informed that: – It is possible to extend the stay from the winter term to the summer term in the same academic year if the ERASMUS+ coordinators will agree but it is not possible to extend the stay from the summer term to the winter term; unfortunately, it is also not possible to participate a second time in the ERASMUS+ scheme. – I need to bring with me a copy of my identity card (or passport) and my European Health Insurance Card for registration at FOM. – Application deadlines are 15 th of July for the forthcoming winter term and 20 th of December for the forthcoming summer term.	
City, Date:	
Signature of the student:	