ERASMUS + STUDENT APPLICATION FORM



UNIVERSITY OF VETERINARY MEDICINE, FOUNDATION, HANNOVER, GERMANY

РНОТО

ACADEMIC YEAR 2022/223 AREA OF STUDY: Veterinary medicine STUDENT NAME:	
Please complete in BLACK ink.	
SENDING INSTITUTION ERASMUS code	
Name	
Full Address	
Department coordinator - name, e-mail box	
Institutional coordinator - name, e-mail box	

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Date of birth: Place of birth: Current address:	First name (s): Gender: Male Female Nationality: Permanent address (if different):						
Tel.: E-mail:							
PERIOD OF STA	Y						
From (From (month/year) to (month/year)						
Duration of stay: .	month	S					
ADDITIONAL INFORMATION							
Briefly state the rea	asons why y	ou wish to stu	dy abroad?				
		•••••			•••••		
LANGUAGE COMPETENCE							
Mother tongue: Language of instruction at home institution (if different):							
Other languages		ntly studying anguage	knowledge	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							

Please add a proof of your german language level. Minimum of B1 is required.

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: Number of higher education study years prior to departure abroad: Have you already been studying abroad? Yes □ No □ If Yes, when? at which institution?								
RECEIVING INSTITUTION								
We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.								
The above-mentioned student	ed student is							
Institutional coordinator's signature								
Date:								