



Erasmus+

Application Form for Incomings (Medicine)

Academic year of exchange:	
First name(s):	
Last name(s):	
Current year of medical degree:	
Erasmus stay:	full academic year winter semester summer semester

Sending Institution

Name of home university:	
Departmental Coordinator:	
E-mail Departmental Coordinator:	
Date Coordinator's signature	

Student Personal Data

Date of birth (DD/MM/YYYY):	
Citizenship:	
E-mail:	
Phone:	
Permanent address:	
Proficiency in German (CEFR level A1-C2):	
Date Student's signature	

Please enclose:

- Module Choice Form
- Learning Agreement (if available at the time of the application)
- Proof of German proficiency (at least B1)
- Application form for student residence hall

