Faculty of Medicine
Office of the Dean

University of Hamburg
Faculty of Medicine

Office of the Dean
University Medical Center
Hamburg-Eppendorf (UKE)

Martinistr. 52
20246 Hamburg, Germany

Contact:
Amke Wildung
incoming-students@uke.de
www.uke.de

Freemover guest stay

Application Form for Incomings (Medicine)

Academic year of guest stay:	
First name(s):	
Last name(s):	
Current year of medical degree:	
Duration of guest 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

Do you have special needs? If yes, please contact incoming-students@uke.de.

Please enclose to this application form:

- ○ 1. Motivation letter
- ○ 2. Curriculum vitae
- ○ 3. Transcript of records
- ○ 4. Enrolment certificate
- ○ 5. Copy of your passport
- ○ 6. Proof of German proficiency
- ○ 7. Module choice form

Universitätsklinikum Hamburg-Eppendorf