

Freemover guest stay for refugee students

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 (recommended) ☐ winter semester ☐ summer semester

Home or previous university

Name of home/previous university:	
Departmental Coordinator:	
E-mail Departmental Coordinator:	
Date	Coordinator's signature (not mandatory)

Student personal data

Date of birth (DD/MM/YYYY):	
Citizenship:	
E-mail:	
Phone:	
Permanent address in Germany:	
Type of refugee status: (e.g. §24 AufenthG)	
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/certificate confirming your past 3 years of medical studies
- ☐ 4. Enrolment certificate
- ☐ 5. Copy of your passport
- ☐ 6. Proof of German proficiency
- ☐ 7. Proof of your refugee status in Germany (e.g. residence permit)
- ☐ 8. Module choice form
- ☐ 9. Application form for student residence hall (only if you would like to stay there)