

Universität Hamburg Faculty of Medicine Office of the Dean

University Medical Center Hamburg-Eppendorf Martinistr. 52 20246 Hamburg Germany

Contact person: Amke Wildung a.wildung@uke.de www.uke.de

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	T
Date of birth (DD/MM/YYYY):	
Date of birth (DD/MM/YYYY): Citizenship:	
Date of birth (DD/MM/YYYY): Citizenship: E-mail:	
Date of birth (DD/MM/YYYY): Citizenship: E-mail: Phone:	
Date of birth (DD/MM/YYYY): Citizenship: E-mail:	
Date of birth (DD/MM/YYYY): Citizenship: E-mail: Phone:	
Date of birth (DD/MM/YYYY): Citizenship: E-mail: Phone: Permanent address:	
Date of birth (DD/MM/YYYY): Citizenship: E-mail: Phone: Permanent address: Proficiency in German	
Date of birth (DD/MM/YYYY): Citizenship: E-mail: Phone: Permanent address:	
Date of birth (DD/MM/YYYY): Citizenship: E-mail: Phone: Permanent address: Proficiency in German	
Date of birth (DD/MM/YYYY): Citizenship: E-mail: Phone: Permanent address: Proficiency in German	Student's signature
Date of birth (DD/MM/YYYY): Citizenship: E-mail: Phone: Permanent address: Proficiency in German (CEFR level A1-C2):	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

