

ECTS Student Application Form – Exchange Programs

(Photograph)

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

ACADEMIC YEAR 20__ / 20__

FIELD OF STUDY: _____

SENDING INSTITUTION

Name and full address: **Duale Hochschule Baden-Württemberg Mannheim / Baden Wuerttemberg Cooperative State University Mannheim, Coblitzweg 7, 68163 Mannheim, Germany**

Department coordinator - name, telephone and fax numbers, email:

Institutional coordinator - name, telephone and fax numbers, email: **Carsten Münch, Head International Office, Fon +49 621-4105 1166, Fax +49 621-4105 1210, muench@dhw-mannheim.de**

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name: Tel.:

First name (s): email:

Date of birth: Current address is valid until:

Sex:Nationality: Permanent address (if different):

Place of Birth:

Current address:

.....

..... Tel.:

INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM:

Institution	Country	Period of study from to	Duration of stay (months)	N° of expected ECTS credits
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.....
.....

Briefly state the reasons why you wish to study abroad ? (If necessary, continue on a separate sheet)

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LANGUAGE COMPETENCE

Mother tongue: Language of instruction at home institution (if different):

Other languages	I am currently studying this language		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
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 ?

The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad?
 Yes No

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above-mentioned student is provisionally accepted at our institution
 not accepted at our institution

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date :