



STUDENT APPLICATION FORM - INCOMING

This application should be completed in BLACK and BLOCK letters.

FIELD OF STUDY: _____

ACADEMIC YEAR: 20__ /20__

PERIOD OF STUDY: _____ / _____ / _____ until _____ / _____ / _____
(Day) (Month) (Year) (Day) (Month) (Year)

LOCATION OF STUDY:

- HMKW Berlin HMKW Cologne

SENDING INSTITUTION: Name and full address: _____

Departmental coordinator – name, telephone, email :

Institutional coordinator – name, telephone, email :

STUDENT'S PERSONAL DATA (to be completed by the student applying)

Family Name: _____

First Name (s): _____

Date of Birth: _____

Male Female Nationality: _____

Place of Birth: _____

Email address: _____

Current address: _____

Permanent address (if different): _____

Current address is valid until: _____

LANGUAGE COMPETENCE

Note: A proof of knowledge of the receiving institution's language of instruction should be submitted

Mother tongue: _____ Language of instruction at home institution (if different): _____				
Other languages	I have sufficient knowledge to follow lectures		I need some extra preparation	
	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"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Work experience/position	Firm /organization	Dates	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL AND CURRENT STUDY

Type of High School Diploma: _____
Year of High School Diploma: _____
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 <input type="checkbox"/> No <input type="checkbox"/>
If yes, when? At which institution? _____

Briefly state the reasons why you wish to study abroad: _____

Student's Signature: _____ Date: _____
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Additional documents to be send with this application form:

- ⇒ Transcript of Records in English
- ⇒ Digital photo (passport size)
- ⇒ Erasmus Learning Agreement
- ⇒ Copy of passport or ID
- ⇒ Proof of knowledge in German language

Please send your complete application by email to Jeannine Muhlack, International Office
j.muhlack@hmkw.de, phone +49 30 - 46 77 693 - 19.

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: _____