

APPLICATION FORM ERASMUS

**FACHHOCHSCHULE POTSDAM
UNIVERSITY OF APPLIED SCIENCES
International Office**

Pappelallee 8-9
Germany-14469 Potsdam

Head/Programme-Coordinator: Dr. Uta Kotulla
TEL +49.331.580.2010
e-mail: kotulla@fh-potsdam.de



APPLICATION FORM OUTGOING STUDENTS

2012 -13

to _____

Name of University/Institution/
Country

PERSONAL DATA

Name

Date of birth(day/month/year)

male/female

Nationality

Current address

Tel: (country code)

(City code)

(Home No)

E-Mail

Person to be contacted in case of emergency

Name/Address

Tel:
email

Contact person at the home Institution/Coordinator

Name Dr. Uta Kotulla / LLP-Coordinator Fachhochschule Potsdam

Tel: +49.331 580 2010
e-mail kotulla@fh-potsdam.de

Fax:+49.331.580.2019

EDUCATION COMPLETED PRIOR TO THIS APPLICATION

Home Institution *Fachhochschule Potsdam*

Degree Course (*Studiengang*)

Year attended (*Semesterstand aktuell*)

Specialization (*ggf. Spezialisierung*)

LANGUAGE COMPETENCE (aktueller Kenntnisstand)

Native language:

French (level)	elementary	intermediate	advanced
Spanish (level)	elementary	intermediate	advanced
Italian (level)	elementary	intermediate	advanced
English (level)	elementary	intermediate	advanced

other Language qualifications:

Programs at the host Institution

Major subject (Welchen Studiengang wollten sie an der Partnerhochschule studieren?)

(Auf welchem Level wollen sie studieren)

elementary intermediate advanced

(Für welchen Zeitraum planen Sie zu bleiben?)

one year (from – to) (von ... bis)

semester(from - to) (von...bis)

winter term

summer term

Verlängerungsoption:

Exchange based on

LLP/Erasmus X

Bilateral Agreement:

other:

Accommodation

Please choose the option desired

I wish the host Institution assists me in finding accommodation

I find accommodation on my own

Further comments

Signature of exchange student:

Date

Signature

Confirmation

Confirmation of host Institution

Home Institution (Stamp and signature)
