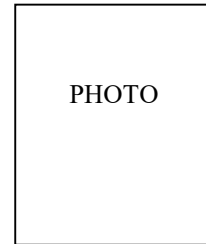


ERASMUS + STUDENT APPLICATION FORM



UNIVERSITY OF VETERINARY MEDICINE, FOUNDATION, HANNOVER,
GERMANY



ACADEMIC YEAR 2022/2023

AREA OF STUDY: Veterinary medicine

STUDENT NAME:.....

Please complete in BLACK ink.

SENDING INSTITUTION

ERASMUS code

.....

Name

.....

Full Address

.....

Department coordinator - name, e-mail box

.....

.....

Institutional coordinator - name, e-mail box

.....

.....

To be sent to: Dr. Christine Winter, International Office,
Bünteweg 2, 30559 Hannover, Germany

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

Family name:	First name (s):
Date of birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Place of birth:	Nationality:
Current address:	Permanent address (if different):
.....
.....
.....
.....
Tel.:
E-mail:	Tel.:

PERIOD OF STAY

From (month/year) to (month/year)
Duration of stay: months

ADDITIONAL INFORMATION

Briefly state the reasons why you wish to study abroad?
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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
German	<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"/>

Please add a proof of your german language level. Minimum of B1 is required.

To be sent to: Dr. Christine Winter, International Office, Bünteweg 2, 30559 Hannover, Germany
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