

SOCRATES/ERASMUS STUDENT APPLICATION FORM



UNIVERSITY OF VETERINARY MEDICINE, FOUNDATION, HANNOVER,
GERMANY



ACADEMIC YEAR 20...../.....

AREA OF STUDY:

Please complete in BLACK ink.

SENDING INSTITUTION
ERASMUS code
Name
Full Address
.....
Department coordinator - name, e-mail box
.....
Institutional coordinator - name, e-mail box
.....

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

To be sent by post to: Prof. Dr. W. Bäumer, Institut für Pharmakologie, Toxikologie und Pharmazie,
Bünteweg 17, 30559 Hannover, Germany

ADDITIONAL INFORMATION

Briefly state the reasons why you wish to study abroad?

.....

.....

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?

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:.....

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