# 

ERASMUS +

### **Student Application Form**

Photograph

### Saarland University

Academic year: **2020/2021**

Field of study: **Medicine**

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

Sending Institution

Name and full address **The Saarland University (DE-SAARBRU 01)**

Medical Faculty, Gb. 15  
 Office for Study and Learning Affairs/ ECTS

D-66421 Homburg, Germany

Departmental Coordinator **Stephanie Orlich & Lenka Gorfman**  [ects@uks.eu](mailto:ects@uks.eu)

Tel. +49 - 6841-16 – 26001 & 26041

Fax +49 - 6841-16- 2 6324

Medical Faculty, Saarland University, Bldg. 15.; D-66421 Homburg, Germany

Institutional Coordinator **Fabienne Saunier** [**f.saunier@io.uni-saarland.de**](mailto:f.saunier@io.uni-saarland.de)

Saarland University, Internat. Office, Bldg. A2 2, D–66041 Saarbrücken, Germany

#### Students Personal Data

# (Current address is valid until)

|  |  |  |  |
| --- | --- | --- | --- |
| Family name: | First name: | | |
| Date of birth: | Sex: | Nationality: | |
| Place of birth: | EU- Member | Yes | no |
| Current address: | Permanent address: | | |
|  |  | | |
|  |  | | |
|  |  | | |
| Tel.: | Tel.: | | |
| Current address is valid until: | Email: | | |
|  |  | | |

#### List of institutions which will receive this application form

(in order of preference)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Institution** | **Country** | **Period of study** | | **Duration of**  **stay (months)** | **No. of expected**  **ECTS credits** |
| **from** | **to** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
|  | | | | | |

|  |
| --- |
|  |
| Name of student |
| Sending institution:  **(DE-SAARBRU 01) Medical Faculty, The Saarland University, 66421 Homburg, Germany** |

|  |
| --- |
|  |
| Briefly state the reasons why you wish to study abroad: |
|  |
|  |
|  |

#### LANGUAGE COMPETENCE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | | |  | |
| Mother tongue: |  | | Language of instruction at home institution: | | | **German** | |
| 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 |
| 1. | [ ] | [ ] | [ ] | [ ] | [ ] | | [ ] |
| 2. | [ ] | [ ] | [ ] | [ ] | [ ] | | [ ] |
| 3. | [ ] | [ ] | [ ] | [ ] | [ ] | | [ ] |
|  |  | |  | |  | | |

**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: | Medical State Examination | |
| 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 | | |
|  |  |  | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  | |
|  |  |  | |
| Departmental Coordinator’s signature |  | Institutional Coordinator’s signature | |
|  | | | |