#

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

 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**

 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 studyingthis 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 |
|  |