**APPLICATION FORM FOR**

**INCOMING ERASMUS STUDENTS TO**

**MAINZ CATHOLIC UNIVERSITY OF APPLIED SCIENCES (Mainz CUAS)**

**2018/2019**

* Please type or print all information. Illegibile applications will be returned. Please place an X in the appropriate box.
* Please ensure this application has been signed by the Erasmus institutional coordinator at your home university
* If you have any questions, please contact: katrin.schneider@kh-mz.de.
1. **YOUR PERSONAL DATA**

STUDENT NAME

NATIONALITY

DATE OF BIRTH

PLACE OF BIRTH

GENDER MALE [ ]  FEMALE [ ]

POSTAL ADDRESS

IN YOUR HOME

COUNTRY

EMAIL ADDRESS

1. **YOUR SENDING INSTITUTION**

NAME AND PLACE

OF INSTITUTION

COUNTRY

PROGRAMME UNDERGRAD [ ]  POSTGRAD [ ]

YEAR/SEMESTER

SUBJECTS YOU ARE

STUDYING AT YOUR

HOME UNIVERSITY

1. **YOUR SEMESTER ABROAD AT Mainz CUAS**

DO YOU INTEND TO REGISTER FOR

|  |
| --- |
| [ ]  FULL ACADEMIC YEAR (SEPT – JULY)  |
| [ ]  SEMESTER ONE ONLY (SEPT – JAN) |
| [ ]  SEMESTER TWO ONLY (MAR – JULY) |

SUBJECTS YOU

WOULD LIKE TO

STUDY AT

Mainz CUAS

Please note: Subject registration will be confirmed on your arrival at Mainz CUAS.

MODULE CODE

and MODULE TITLE

Course catalogue: check “Kathi-Net” on [www.kh-mz.de](http://www.kh-mz.de) (“Vorlesungsverzeichnis”).

PROOF OF YOUR

GERMAN AND/OR

ENGLISH LANGUAGE

PROFICIENCY

Please list any internationally recognized German / English Language examinations taken.

Please include a letter of recommendation from your home university that states your ability to understand and write clear and accurate German/English.

ARE THERE ANY ISSUES THAT YOU WOULD LIKE TO BRING TO THE ATTENTION OF THE AUTHORITIES IN Mainz CUAS e.g. a learning difficulty, physical disability etc.

Please note that disclosure of any disability and/or specific learning disability will not adversely affect your application in any way! You are not obliged to let us know but we may be in a better position to assist you if we are aware of anything that might adversely impact on your studies.

[ ]  With ticking this box you agree to have pictures of you taken and published by CUAS Mainz. If you do not agree please note that it is your responsibility to stay clear from situations where photos are being taken by CUAS Mainz.

[ ]  With ticking this box you agree that personal data may be passed on to your home university.

**NB**: **STUDENTS ARE REQUIRED TO HAVE TRAVEL INSURANCE WHICH INCLUDES REPATRIATION**.

**4. SIGNATURES**

I certify that the information provided in this application is complete and correct.

STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SENDING (HOME) INSTITUTION DETAILS:

PARTNER UNIVERSITY Yes [ ]  No [ ]

ERASMUS CODE

ADDRESS:

INSTITUTIONAL

COORDINATOR’S

NAME

TEL:

EMAIL:

I hereby confirm that the above student is regularly enrolled at our institution and I support his/her application in the exchange programme.

INSTITUTIONAL COORDINATOR’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAMP OF INSTITUTION DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TO BE COMPLETED AND RETURNED TO:**

katrin.schneider@kh-mz.de