Photograph

**ERASMUS+ STUDENT APPLICATION FORM for
Incoming Students - Academic year 2018/19**

***This application should be completed DIGITALLY in order to be easily copied and/or scanned.***

## SENDING INSTITUTION

|  |
| --- |
| Name and full address:  Departmental coordinator - name, telephone, email: Institutional coordinator - name, telephone, email  |

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

|  |  |
| --- | --- |
| Family name(s):  Date of birth:  Place of birth:  Current address (street, street no., zip code, city, country):  Current address is valid until: dd.mm.yyyyName of attended high school before entering university (country):   | First name(s):  Gender:  Nationality:  Tel:  Permanent address (if different) (street, street no., zip code, city, country):  email: Date of graduation at this high school: dd.mm.yyyy |

## EMERGENCY CONTACT

|  |  |
| --- | --- |
| Family name(s): ……….Tel.: ……… Relation to student: ………. | First name(s): ……….email: ………. |

## LANGUAGE COMPETENCE

|  |
| --- |
| First language: ………. Language of instruction at home institution (if different):   |
| Other languages | I currently study 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 |
|     | [ ] [ ] [ ]  | [ ] [ ] [ ]   | [ ] [ ] [ ]  | [ ] [ ] [ ]  | [ ] [ ] [ ]  | [ ] [ ] [ ]  |

## PREVIOUS AND CURRENT STUDY

|  |
| --- |
| Name and level of current degree programme at home university:       [ ]  BA/BSc [ ]  MA/MSc Number of higher education study years prior to departure abroad: Have you already been studying abroad? [ ]  yes [ ]  no If yes, when? At which institution? For how many years have you been studying German? **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.** |

## DETAILS OF STUDIES AT FH CAMPUS 02

|  |
| --- |
| Degree programme at FH CAMPUS 02 which you apply for: click to chooseI want to study for: [ ]  one semester [ ]  two semestersSemester: [ ]  Winter Semester (mid Sept-mid Feb) [ ]  Sommer Semester (end Feb-mid Jul) |

## DECLARATION

|  |
| --- |
| I declare that the information I have provided on this application form is true and **complete** and authoriseFH CAMPUS 02 to obtain further information required to complete enrolment.I agree to immediately inform FH CAMPUS 02 about any changes to the information I have given in this application form, including a change of address.I understand that the FH CAMPUS 02 reserves the right to change or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.I agree to attend the Introduction Day at FH CAMPUS 02.I agree to attend the **entire** study cycle of the semester(s) to gain the full ECTS credits agreed on in the Learning Agreement (LA). I agree to pay the mandatory contribution to the ÖH-Austrian National Union of Students (EUR 19.20 at the moment). These are no tuition fees.**I understand and accept the conditions set out in the declaration above.****Date:** click to choose **Signature:** ……… |

The student agrees that FH CAMPUS 02 saves and processes his/her data (family name, first name, address, phone and/or mobile phone number, email-address, date of birth, place of birth, citizenship, social security insurance number, CV and transcripts of records) by using a computer system for the purpose of student administration. The student acknowledges that this is done in accordance with Austrian legislative regulations. The student can withdraw this accordance with FH CAMPUS 02 at any time in a demonstrable written form (for example via email).

## CONFIRMATION OF SENDING INSTITUTION

|  |
| --- |
| We hereby confirm that the above mentioned student has been selected as an exchange student in the frame of the Erasmus+ programme for studying at FH CAMPUS 02. The Learning Agreement is enclosed. |
| Departmental coordinator’s signature………………………………………………Date: click to choose | Institutional coordinator’s signature………………………………………………Date : click to choose |

## CHECKLIST

|  |
| --- |
| [ ]  Have you completed all sections of this application form?[ ]  Have you read and signed the declaration?[ ]  Have you and your coordinators signed the application form?[ ]  Have you attached your most recent academic transcript (transcript of records)?[ ]  Have you stuck one passport-sized photograph on page 1 of the application form (biometric, with name  on the back)?[ ]  Have you attached your CV/resume? |