

INCOMING STUDENT APPLICATION FORM

This application should be completed in BLACK and BLOCK letters.

FIELD OF STUDY: _____

ACADEMIC YEAR: 20__ /20__

PERIOD OF STUDY: ____ / ____ / ____ (DD/MM/YYYY) until ____ / ____ / ____ (DD/MM/YYYY)

LOCATION OF STUDY:

MU Berlin

MU Cologne

MU Frankfurt / Main

SENDING INSTITUTION: Home university's name and full address

Departmental coordinator – name, phone, e-mail :

Institutional coordinator (if different) – name, phone, e-mail :

STUDENT'S PERSONAL DATA

Family Name: _____

First Name(s): _____

Date of Birth: _____

Male Female Nationality: _____

Place of Birth: _____

E-mail address: _____

Current address: _____

Permanent address (if different): _____

Current address is valid until: _____

LANGUAGE COMPETENCE

Mother tongue: _____		Language of instruction at home institution (if different): _____		
Other languages	I have sufficient knowledge to follow lectures		I need some extra preparation	
	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"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Work experience / position	Firm / organization	Dates	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL AND CURRENT STUDY

Type of High School Diploma: _____
Year of High School Diploma: _____
Name of degree at your home university: _____
Number of higher education study years prior to departure abroad _____
Have you already been studying abroad? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when? At which institution? _____

Briefly state why you wish to study abroad: _____

Student's Signature: _____	Date: _____
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Additional documents to be sent with this application form:

- ⇒ Transcript of Records in either German or English
- ⇒ Digital photo (passport size)
- ⇒ Erasmus Learning Agreement
- ⇒ Copy of passport or ID
- ⇒ Proof of knowledge in German language

Please e-mail your complete application to Jeannine Muhlack at the International Office:
international-office@media-university.de. Phone: +49 30 46 77 69 3 - 19

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: _____