

## Application Form Incoming Freemover Students

Photograph

Summer Semester 20\_\_\_\_\_

Winter Semester20\_\_\_\_\_

Preferred Degree Program(s) \_\_\_\_\_

Preferred Campus

- Cologne
- Berlin
- Dusseldorf
- Idstein
- Hamburg
- Munich

## Home Institution

Name

\_\_\_\_\_

Full Address

\_\_\_\_\_

Contact Person, Name

\_\_\_\_\_

Contact Person, Telephone, Email

\_\_\_\_\_

## Student's Personal Data

Family Name\_\_\_\_\_ First Name(s)\_\_\_\_\_

Second Name\_\_\_\_\_ Maiden Name\_\_\_\_\_

Date of Birth\_\_\_\_\_ Place of Birth (Country / City)\_\_\_\_\_

Sex\_\_\_\_\_ Nationality / -ies\_\_\_\_\_

Email\_\_\_\_\_

Home Phone\_\_\_\_\_ Mobile Phone\_\_\_\_\_

### Student's Current Postal Address

Full Address: Name on the Mailbox; c/o

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Street Name and Number; City; Zip Code; Country

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Current Address is valid until \_\_\_\_\_

### Student's Permanent Postal Address (if different)

Full Address: Name on the Mailbox; c/o

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Street Name and Number; City; Zip Code; Country

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### Language Skills

Mother tongue \_\_\_\_\_

Language of instruction at home institution (if different) \_\_\_\_\_

Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge if I had some preparation	
	Yes	No	Yes	No	Yes	No
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Courses

List the courses you wish to study at Hochschule Fresenius, University of Applied Sciences

Course Code	Course Name	ECTS Credits

## Orientation and German Course

Do you wish to take part in a German language course      Yes     No

## Previous and Current Study

Degree which you are currently studying for

\_\_\_\_\_

Number of higher education study years prior departure abroad \_\_\_\_\_

Have you already been studying abroad?      Yes     No

If yes, when? \_\_\_\_\_

At which institution? \_\_\_\_\_

Place, Date

Signature of Student