

APPLICATION FORM FOR EXCHANGE STUDENTS

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE FORM

- Please **print out the form, sign it and then upload it** in the application process
- This form must be signed by the international relations coordinator and the head of department of your home university

DATE _____

(04/2021)

INSURANCE

For non-European students: German public health insurance is mandatory. The International Office will organize insurance registration through German public health insurance during the first week of the semester.

Please note: You are responsible for travel insurance coverage from the day of your departure until the beginning of the semester.

APPLICANT'S SIGNATURE

PLACE	DATE
SIGNATURE	

CONFIRMATION OF HOME UNIVERSITY

FOREIGN COORDINATOR AT HOME UNIVERSITY			
PHONE		E-MAIL	
PLACE		DATE	
SIGNATURE			
HEAD OF DEPARTMENT AT HOME UNIVERSITY			
PHONE		E-MAIL	
PLACE		DATE	
SIGNATURE, STAMP/SEAL HOME UNIVERSITY			