

Application Form for Exchange Students

Family Name:					
First Name:					
Sex:	male	female	others		
Date of Birth:	day month	year			
Place of Birth:					
Nationality:					
Home Address:					
Phone Number:					
E-Mail:					
Emergency Contact:	Phone Number:				
Study Program at Westfälische Hochschule:	·				
Exchange Program	ndicate who will take care of your project:				
Duration of stay at Westfälische Hochschule:	from:		to:		
		t	0: 0: to:		

Date of University entrance diploma:_____

University Educat	tion: fron	า:	t	0:	
		1:		D:	
	from	1:	to	D:	
Name of home u	niversity:				
Study Program at home university:	: 				
Semesters comp	leted:				
Name and contac of your professor					
Work Experience	from	ו:	to):): :	
Language skills + Mother tongue(s)					
Other language(s)	UNDERSTANDING		SPEAKING		WRITING
	Listening	Reading	Spoken interaction	Spoken production	
German					
English					
				lent user - C1/2 ce for Languages	

To successfully complete your application, please attach the following documents:

Transcript of Records

□ School Transcripts

German Language Certificate (if available)

English Language Certificate (if available)

Passport Copy

Health Insurance Card Copy (only EU-students)

Place and Date

Signature