

INTERNATIONAL STUDENT APPLICATION FORM

PERIOD OF STUDY

(Attach Photo)

Intended start date

PERSONAL DATA

Please complete in BLACK in order to be easily copied and/or faxed.

Family name:	First name (s):
Date of birth:	Place of birth:
Gender:.....	Nationality:
Current address:	Permanent address (if different):
Phone.:	Phone.:
Email:

SENDING INSTITUTION

Name and full address:
.....
.....
Academic advisor - name, phone and fax numbers, e-mail
.....
.....
Advisor at the International Office - name, phone and fax numbers, e-mail
.....
.....

LANGUAGE COMPETENCE

Mother tongue:

German: My German skills are: basic
 average
 good
 excellent

I have studied German foryears.

English: My English skills are: basic
 average
 good
 excellent

(for non-native English speakers)

I have studied English foryears.

CURRENT STUDY

Degree for which you are currently studying:

Major:

Year: 2nd year 3rd year 4th year

The attached Transcript of records includes full details of current study. Details not known at the time of application will be provided at a later stage.

COURSES COMPLETED

Course / Content	Hours completed	Grade

COURSES YOU WISH TO TAKE AT DUALE HOCHSCHULE HEIDENHEIM

Course Title
1.
2.
3.
4.
5.
6.

GERMAN CLASS

Do you want to take the German intensive class in September:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you want to take German classes in Heidenheim	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INTERNSHIP

Do you want to do an internship in Germany:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Before the semester (June- August) <input type="checkbox"/>	After the semester (January – March) <input type="checkbox"/>	

Briefly state the reason why you wish to study abroad.

Student Declaration:

I hereby declare that the information provided in this form is complete and accurate.

Place and date:

Signature:

.....

Please return to:
Duale Hochschule Heidenheim
Auslandsamt
Wilhelmstr. 10
89518 Heidenheim
Germany