

First name(s) / surname:

Born on:

Partner university (1st choice):

Partner university (2nd choice):

Country:

Application for:

1 semester / term

2 semesters /terms

Starting in (name of month):

Level of studies (undergraduate - bachelor's, state exam / graduate - master's):

## Current program(s) of studies:

Number of current semester:

Financial assistance (self, BAföG, scholarship,...):

Postal address (street / postal code / city / country):

E-Mail address:

Mobile phone number:

I declare my agreement to the digital storage and processing of the data