



ERASMUS/SOCRATES PROGRAMME APPLICATION FORM

Bitte füllen Sie dieses **maschinenschriftlich** in der jeweiligen Landessprache Ihrer
Gastuniversität aus

.....
Host University

.....
Academic Year

SOCRATES Co-ordinator at host University:

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Photo

Personal Details:

Surname:				First name(s):			
Date of birth:				Gender:			
Place of birth:				Nationality:			
Address:				Correspondence address (if different from permanent address):			
Tel:				Fax:			
Email:							

Home University:		Georg-August University Göttingen					
Subject to be studied at host University:							
Period of study at host University:							
Do you wish to participate in a language course at the host University?				Yes		No	
Would you like the International Office at your host University to arrange accommodation for the entire duration of your stay?				Yes		No	

Educational Background:

Subject studied at the Georg-August-University:			
Starting date:		Expected graduation date:	
Years of full time study at the Georg-August-University before going to the host University:			
Expected degree on graduation:			
Please list the courses already taken at the Georg-August-University. Include those you plan on taking before your stay at the host University in the space provided below. Please use a separate sheet if necessary.			

Language Ability (Please specify extent of ability for each language: 1 = poor, 2 = fair, 3 = good)				
Native language:				
Foreign languages:	Reading	Writing	Speaking	Listening

Course of study at host University

Please give a full description of your study plans at the host University, giving where possible all relevant information such as course codes provided by the host University and the number of ECTS credit points. Please use a separate sheet if necessary.

PLEASE INCLUDE AN OFFICIAL TRANSCRIPT OF YOUR GRADES FROM THE GEORG-AUGUST-UNIVERSITY GÖTTINGEN

I, the undersigned, hereby certify that the information provided by me in reply to the above questions is to my knowledge true and correct. I also accept that my personal data will be registered by the host University and that the data may be used by teaching and administrative staff for administration purposes.

.....
Place, Date

.....
Signature

TO BE COMPLETED BY THE HOME UNIVERSITY CO-ORDINATOR:

I, the undersigned, hereby certify that the above-named student has been selected for the SOCRATES Programme by the Faculty of Medicine of the Georg-August-University Göttingen.

Christiane Hennecke, M.A.

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Name

Head of Department/SOCRATES Co-ordinator

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Position

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Fax

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Date

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Signature