

Application Form International Students -Academic Semester-

Please read this information before completing the form:

- Make sure to complete **all** parts of this form (check boxes with an ✓)
- Please write in print and use a black pen or in case of using a computer, use CAPITAL LETTERS.
- This form must be signed by the international relations coordinator and the head of department of your home university.
- **Application dead-lines at DHBW VS:**
 - **Spring-Semester: 30. November**
 - **Fall-Semester: 30. May**
 - **Winter-Semester: 30. August**

Please send this form to:

**Cooperative State University Baden-Württemberg,
Villingen-Schwenningen
International Office
Angela Brusis M.A.
Erzbergerstr.17
78054 Villingen-Schwenningen
Germany**

Please insert
a picture
of
yourself
here

Surname:

First name(s):

Home University:

Application at DHBW, Villingen-Schwenningen for

- Spring-Semester 20** (April to June)
- Fall-Semester 20** (October to December)
- Winter-Semester 20** (January to March)
- Additional Internship from** _____ **to** _____ **20**
- (other)

1. Personal Information

Surname, Name:	
Address:	
Email:	
Telephone:	Mobile:
Passport-No.: (only non-eu citizens)	Date of Birth:
Nationality:	Sex: male female <input type="checkbox"/>

2. Language Skills

Native Language:	Language taught in at home University:
Level of English Proficiency	No skills <input type="checkbox"/> Basic <input type="checkbox"/> A1 <input type="checkbox"/> A2 Independent <input type="checkbox"/> B1 <input type="checkbox"/> B2 Proficient <input type="checkbox"/> C1 <input type="checkbox"/> C2
Are you currently taking English classes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Level of German Proficiency	No skills <input type="checkbox"/> Basic <input type="checkbox"/> A1 <input type="checkbox"/> A2 Independent <input type="checkbox"/> B1 <input type="checkbox"/> B2 Proficient <input type="checkbox"/> C1 <input type="checkbox"/> C2
Are you currently taking German classes? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Academic Information

Home University:
Course / Department:
Current Semester:
Recently visited / completed educational institution(s):
1
2

4. Additional Information

Disability(ies):
Other relevant information:

5. Preferred Course Language

Lectures in German <input type="checkbox"/>
Lectures in English * <input type="checkbox"/>
*) A complete semester (30 ECTS) in English is offered for spring and fall term

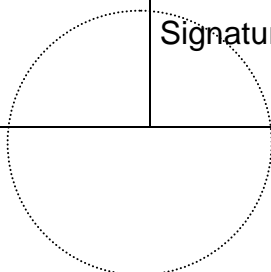
6. Signature

Place:	Date:
Signature:	

7. Confirmation of Home University

Foreign Coordinator at home university	Head of department at home university
Place, Date:	Place, Date:
Signature	Signature

Stamp/Seal Of Home University



LEARNING AGREEMENT

Name of the student:	
Sending Institution:	Erasmus code:

Details of the proposed study program abroad / Learning Agreement:

Name of host University:	Duale Hochschule Baden-Württemberg BW Cooperative State University Villingen-Schwenningen, Germany
Erasmus-code:	D VILLING02
Period of study abroad:	<input type="checkbox"/> Spring semester <input type="checkbox"/> Fall semester <input type="checkbox"/> Winter semester

Course unit title	Number of ECTS credits
German as Foreign Language (course + online module)	3+3
Business English	2

Student's signature:

	date: / /
--	-----------------

Sending Institution:

We confirm that this proposed program of study has been approved by the Department.

Faculty/Departmental Coordinator:

Signature:

date: / /

Receiving Institution:

We confirm the approval of this proposed program of study / learning agreement

Faculty/Departmental Coordinator:

Signature:

date: / /

Changes to LEARNING AGREEMENT

Name of the student:	
Sending Institution:	Erasmus code:

Details of the proposed study program abroad / Learning Agreement:

Name of host University: Country:	Duale Hochschule Baden-Württemberg BW Cooperative State University Villingen-Schwenningen, Germany
Erasmus-code of the Institution:	D VILLING02
Period of study abroad:	<input type="checkbox"/> Spring semester <input type="checkbox"/> Fall semester <input type="checkbox"/> Winter semester

Course unit title	Number of ECTS credits
German as a Foreign Language (course + online module)	3+3
Business English	2

Student's signature:

.....	date: / /
-------	-------------------

Sending Institution:

We confirm that this proposed program of study has been approved by the Department.

Faculty/Departmental Coordinator:

Signature:.....	date: / /
-----------------	-------------------

Receiving Institution:

We confirm the approval of this proposed program of study / learning agreement

Faculty/Departmental Coordinator:

Signature:.....	date: / /
-----------------	-------------------