fhwedel
UNIVERSITY OF APPLIED SCIENCES

APPLICATION FORM – Erasmus+ exchange students

CONTACT AND PERSONAL INFORMATION. Please type or write legibly.

- **Name** _____

  Last First Middle

- **Female** ___ **Male**____

- **Address** _____

  Street

- _____

  City State Zip Code Country

- **Current Phone and E-Mail**

  _____

- **Date of Birth** ____/____/____/

  month, day, year

- **Place of birth**_____

- **EU Health Insurance No.** _____

- **Passport No. (+copy)** _____

- **Country of citizenship** _____

- **ECTS credit degree program** _____**ECTS**

- **Date of higher education entrance qualification**___ /___ /___

Additional we need CV, ID-picture, a copy of your identity card, a copy of your visa and an overview of your previously attend lectures via post.
With your signature, you agree to FH Wedel using your personal data and ID-picture for administration purposes.

Date_____ **Signature**_____

FH Wedel, International Office, Feldstr. 143, D-22880 Wedel
International Office: nha@fh-wedel.de - www.fh-wedel.de