

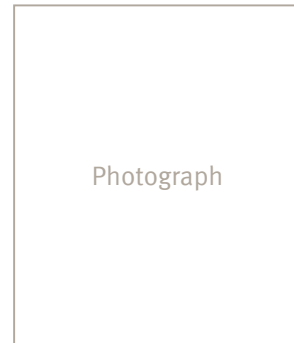


ERASMUS Student Application Form

Akademisches Auslandsamt
International Office

Academic year: 20...../20.....

- Winter term (01.10.-14.02.)
- Summer term (15.03.-31.07.)



Field of study: _____

Sending institution: _____

Erasmus Coordinator: _____

Personal data:

Family name: _____

First name(s): _____

Date of birth: _____

Place of birth: _____

Sex: _____ (male/female)

Address: _____

Nationality: _____

Telephone: _____

E-Mail: _____

German language proficiency: A1 A2 B1 B2 C1 C2

Please note that German language proficiency is crucial as most of our courses are taught in German.

Briefly state the reasons why you wish to study abroad:

Date

Signature student

Date

Signature Erasmus coordinator

Please send this form to

*Ostbayerische Technische Hochschule Amberg-Weiden
International Office
at international@oth-aw.de*