

Exchange Student Application Form

Academic Year: Academic Year

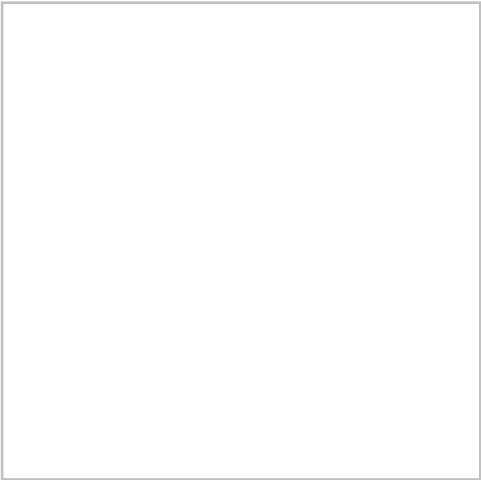
Exchange Period: Semester

Study Program at Home Institution:

Current Level of Study: Level of Study

Exchange Program: Exchange Program

Type of Scholarship: Scholarship



SENDING INSTITUTION	
Name	
Address	

STUDENT'S PERSONAL DATA			
Family name		Titel	
First name			
Gender	M ☐	F ☐	D ☐
Nationality			
Date of birth		Place of birth	
Current address (Street, Number, Postal code, City, Country)			
E-mail			
Phone number with int. code			

DATA CONCERNING THE STAY ABROAD			
Field of Study at CU			
Duration of stay	from		to
Number of finished semesters of your current study program prior to the stay abroad			
Matriculation number (if already studied in Austria)			
Do you wish to have a Buddy (a student from CU, who will support you in your daily life and study challenges)?	Yes ☐	No ☐	
The attached Transcript of Records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.			

LANGUAGE COMPETENCE	
Mother tongue	
Language of instruction at the sending institution	

REASONS WHY YOU WISH TO STUDY AT CU minimum of 100 words (max 200)

DATA CONCERNING THE NEXT OF KIN			
Name			
E-mail		Telephone	
Relationship			

CONFIRMATION OF SENDING INSTITUTION

We hereby confirm that the above mentioned student has been selected as an exchange student for studying at our partner institution CU Hochschule Kärnten, Carinthia University of Applied Sciences.

.....
Responsible persons signature

.....
Institutional coordinators signature
and official stamp of the sending institution

Date:.....

Date:.....

CONFIRMATION OF CU Hochschule Kärnten, Carinthia University of Applied Sciences

We hereby acknowledge receipt of the application, the proposed Learning Agreement and the candidate's transcript of records.

The above mentioned student is

☐

provisionally accepted at our institution

☐

not accepted at our institution

.....
Responsible persons signature

.....
Institutional coordinator's signature
and official stamp of CU Hochschule Kärnten

Date:.....

Date:.....

I hereby ensure, that my statements are true and complete and that by realisation of false or uncompleted information the enrolment at CU Hochschule Kärnten, Carinthia University of Applied Sciences, is refused. I undertake to observe the statutes, regulation and charter of CU Hochschule Kärnten, Carinthia University of Applied Sciences.

Student's signature:

Date:
(dd/mm/yyyy)