

Exchange Student Application Form

Academic Year:

Exchange Period:

Study Program at Home Institution:

Level of Study:

Exchange Program:

Type of Scholarship:

| SENDING INSTITUTION | |
|---------------------|--|
| Name | |
| Address | |

| STUDENT'S PERSONAL DATA | | | |
|-----------------------------------------------------------------|-------------------------------------------------------|----------------|--|
| Family name | | Titel | |
| First name | | | |
| Sex | M <input type="checkbox"/> F <input type="checkbox"/> | 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 CUAS | | | |
| Duration of stay | from | | to |
| Number of finished semesters prior to the stay abroad | | | |
| Matriculation number (if already studied in Austria) | | | |
| I would like to have a Buddy (a student from CUAS, who will support you in your daily life and study challenges) and thus I agree that details such as my name, gender and e-mail will be forwarded to the relevant CUAS student. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 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 CUAS minimum of 100 words (max 200) |
|----------------------------------------------------------------------|
| |

| DATA CONCERNING THE NEXT OF KIN | | | |
|---------------------------------|--|-----------|--|
| Name | | | |
| Email address | | 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 Fachhochschule Kärnten, Carinthia University of Applied Sciences.

.....
Responsible persons signature

.....
Institutional coordinators signature

and official stamp of the sending institution

Date:.....

Date:.....

CONFIRMATION OF 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 Carinthia University of Applied Sciences

Date:.....

Date:.....

I herewith ensure, that my statements are true and complete and that by realisation of false or uncompleted information the enrolment at Fachhochschule Kärnten, Carinthia University of Applied Sciences, is refused.

I undertake to observe the statutes, regulation and charter of Fachhochschule Kärnten.

Student's signature:

Date:

{dd/mm/yyyy}