

Erasmus+ and Exchange Student Application Form

DHBW Loerrach - Business School

International Office

Hangstrasse 46-50 79539 Loerrach Germany

Phone: +49 7621 2071-195

Email: internationaloffice@dhbw-loerrach.de

Please fill out the below information (typed on a computer), print it out and sign the document. Once you have done so please then either hand it in or scan and email it to the International Office. If you wish to provide a photograph of yourself, please do this in the area provided on the right - providing a photograph is not mandatory.

Then please click here to upload a photograph of yourself

Personal Information

Surname/family name: First name:

Date of birth: Place of birth:

Nationality: Gender: Male Female

Address (street name and number):

Postal/zip code: State/province:

Town: Country:

Phone number: Email address:

(please include your country code e.g. +00)

Application Information

Program: Erasmus+

(please select one) Exchange Program

Period of Stay Term 1

(please select one and Quarter 4 (Sept – Dec) 20 / 20

specify the school year) Term 2

Quarter 1 (Jan – Apr) 20 /20 Quarter 2 (Apr – July) 20 /20

Language - to be taught inEnglish(please select all that apply)German

Home University

Current course of studies:

Number of University years completed before exchange:

Previous/Current Studies at your Home University

All information in this section should be relevant to your home university.

Date of Enrolment (MM/YYYY)	Planned Date of Graduation (MM/YYYY)	Course Title



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Language Skills

Please select the correct knowledge level for the relevant language according to the Common European Framework. If you know no experience in one of these languages then please do not select a knowledge level. Either a language certificate or an official written letter from your home university, stating your knowledge level, must be provided.

Level	Basic Knowledge	Good Knowledge Conversational	Advanced K Acade	-
Languages	A1 – A2	B1 – B2	C1	C2
German				
English				

Student Declaration					
By signing this document, I hereby declare that all information provided within this form is up-to-date and correct.					
(20/11/10/04/					
(place, date) (DD/MM/YYYY)	(applicant's signature)				
To be completed by the Exchange/ERASMUS+ Coordinator of the home university					
I hereby confirm that the stated applicant is currently enrolled at the home university specified. I also confirm that the stated applicant is eligible for a student exchange with the Duale Hochschule Baden-Wuerttemberg Loerrach (DHBW Cooperative State University Loerrach).					
Exchange/Erasmus+ Coordinator Title:	Details First name:				
Surname/family name:	Department:				
Address (street name and number):					
Postal/zip code:	State/province:				
Town:	Country:				
Phone number:	Email address:				
(please include your country code e.g. +00	J)				
	<u> </u>				
Date (DD/MM/YYYY) Stamp	Exchange/Erasmus+ Coordinator signature				

Please send this signed application form to the DHBW International Office (please see the first page) including:

- the learning agreement (duly signed by your home university)
- your most recent Transcript of Records (in either German or English)
- proof of funding (for non-European residents)
- a language certificate or official signed university letter
- a copy of your student ID
- a copy of your passport
- a copy of your European Health Insurance Card (for EU-students only)