

Universität Koblenz  
International Relations Office  
Universitätsstraße 1  
56070 Koblenz  
GERMANY

**Application Deadline for winter semester: 31 May**  
**Application deadline for summer semester: 30 November**

<p>Exchange Student <b>APPLICATION for Admission</b></p>
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To be filled in, printed out and sent via e-mail to: [erasmussupport@uni-koblenz.de](mailto:erasmussupport@uni-koblenz.de)

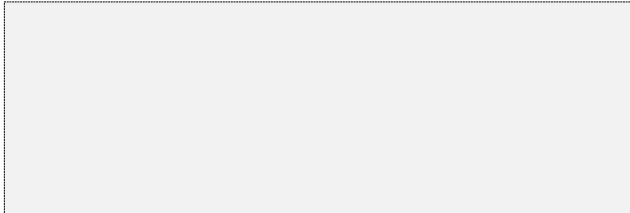
Family name / Last name (as appears in passport)	
First name (as appears in passport)	
Date of birth	
Place of birth	
Nationality	

Current Address Street, House Number Postal Code, City Country	
Phone number	
Mobile phone number	
e-mail address	

Exchange Programme	<input type="checkbox"/> Erasmus <input type="checkbox"/> Bilateral Agreement
Home University	
Study Cycle	<input type="checkbox"/> B.A. <input type="checkbox"/> M.A. <input type="checkbox"/> Other: <input type="checkbox"/> B.Sc. <input type="checkbox"/> M.Sc. <input type="checkbox"/> B.Ed. <input type="checkbox"/> M.Ed.
Number of full academic years completed in current degree at the time of application	

Subject / major at home university	
Subject you want to enrol in at University of Koblenz	
Period of stay and study at University of Koblenz	<input type="checkbox"/> winter semester 20 <input type="checkbox"/> summer semester 20 <input type="checkbox"/> full academic year 20
Level of German	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

The following documents are attached	<input type="checkbox"/> Erasmus: Learning Agreement <input type="checkbox"/> Other exchange programs: Learning Agreement and Transcript of Records
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Exchange Applicant	<p>I herewith apply to be admitted at the University of Koblenz as an exchange student for the time period indicated above.</p> <p>I confirm that all the information provided in this form is complete and accurate. I will inform the university of any changes in these data or any changes concerning my proposed stay, particularly with respect to change of dates, withdrawal or cancellation.</p> <p>If I am accepted as exchange student, I agree to observe all the statutes and regulations of the University of Koblenz.</p> <p>Date: _____</p> <p>Signature _____</p>
Exchange coordinator at home university	<p>I herewith confirm that this student has been nominated by our institution as exchange student and that we support his/her application to the University of Koblenz. This student is a fully registered student at our university and will remain registered during his/her period of exchange study at the University of Koblenz.</p> <p>Date: _____</p> <p>Signature _____</p> <p>Stamp </p>