

Bewerbungsformular für Studierende von Partnerhochschulen Application form for students from partner universities

| Familienname, Vorname (family name, first name) | | | | | | | | | | | | |
|---|---|-------------|-------------|---------------------|------------|------------|-----------|----------------|-------|---------|----------|---------|
| Geschlecht: | 0 | weiblich | (female | ١ | O n | nännlich | (mal | ۵) | | | | |
| (gender) | | Weiblich | i (iciliaic | , | 0 11 | nariiliici | i (iiiaii | -) | | | | |
| Geburtsdatum und -ort: | | | | | | | | | | | | |
| (date/place of birth) | | | | | | | | | | | | |
| Nationalität: | | | | | | | | | | | | |
| (nationality) | | | | | | | | | | | | |
| Adresse: | | | | | | | | | | | | |
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| e-mail (WICHTIG!!): | 1 | | | | | | | | | | | |
| (IMPORTANT!!) | | | | | | | | | | | | |
| Heimathochschule: | | | | | | | | | | | | |
| (home university) | | | | | | | | | | | | |
| Studiengang: | | | | | | | | | | | | |
| (degree course) | | | | | | | | | | | | |
| Zur Zeit im Studienjahr: | | | | | | | | | | | | |
| (currently in year) | 0 | 1 | O 2 | | 0 | 3 | 0 | 4 | | | | |
| Kontakt Person im | | | | | | | | | | | | |
| International Office: | | | | | | | | | | | | |
| Contact person at IO: | <u> </u> | | | | | | | | | | | |
| Fachbereichskoordinator: | | | | | | | | | | | | |
| (departmental coordinator) | <u> </u> | | | | | | | | | | | |
| Fachhochschule Südwestfalen: | | | | | | | | | | | | |
| Studiengang für den Sie sich bewerben: | | | | | | | | | | | | |
| (applying for degree course) | | | | | | | | | | | | |
| Standort: | | | | | | | | | | | | |
| (campus) | 0 | Hagen | 0 | Ise | rlohn | 0 | Me | esche | de | 0 | Soe | st |
| Studiendauer: | | | | | | | | | | | | |
| (duration of study) | 0 | Winterse | emester : | 20 / | / 20 | | 0 | Sor | nmers | emest | er 20 | / 20 |
| Sprachkenntnisse: | Dec | utsch | | 0 | B1 | | | 0 | B2 | | | |
| (language competence) | Enc | glisch | | 0 | B1 | | | 0 | B2 | | | |
| Aufenthalt in Deutschland: | LIIE | JIISOIT | | | וט | | | | DZ | | | |
| (duration of stay in | von | (from) | | | | bis (to) | | | | (0 | ld/mm | ı/yyyy) |
| Germany) | VOIT | (HOIII) | | | | DIS (tO) | | | | ,(| JG/11111 | уууу) |
| Unterkunft: | | 1.1 1.99 | 1- 4: | | | | | | . , - | | | • • • |
| (Accommodation) | O Ich bitte das Akademische Auslandsamt mir bei der Suche nach einer Unterkunft zu helfen. (request for help) | | | | | | | | | | | |
| | JULI | CIRUIIII ZU | i ilelieli. | (1 c que | 55L IUI | neip) | | | | | | |
| | 0 | Ich such | e mir sel | lbst ei | ne Un | terkunft | t. (find | ing a | ccomn | nodatio | n you | rself) |
| | | | | | | | • | - | | | | |
| | | | | | | | | | | | | |

| Ort / Datum (place/date) | Unterschrift (signature) |
|--------------------------|--------------------------|

Learning Agreement for students from partner universities

| Last name(s) | First name(s) Date of birth | | Nationality | Sex [M/F] | Study cycle | Field of education | |
|--------------------------------|--|---|--|---|---|---|--|
| | | | | | | | |
| Name | Faculty/Department | Erasmus code | Address | Country | Contact person name; email; phone | | |
| Fachhochschule Südwestfalen | | D ISERLOH01 | | Germany | | | |
| Name | Faculty/ Department | Erasmus code | Address | Country | Contact person name; email; phor | | |
| | | | | | | | |
| _ = _ | Name Fachhochschule Südwestfalen | Name Faculty/Department Fachhochschule Südwestfalen | Name Faculty/Department Erasmus code Fachhochschule Südwestfalen D ISERLOH01 | Name Faculty/Department Erasmus code Address Fachhochschule Südwestfalen D ISERLOH01 | Name Faculty/Department Erasmus code Address Country Fachhochschule Südwestfalen D ISERLOH01 Germany | Name Faculty/Department Erasmus code Address Country Contact person Fachhochschule Südwestfalen D ISERLOH01 Germany | |

| Before the mobility | | | | | | | | | | | |
|---|---|--|--|-------|----|-------------------------|--------|--|--|--|--|
| Study Programme at FACHHOCHSCHULE SÜDWESTFALEN Planned period of the mobility: from [month/year] to [month/year] | | | | | | | | | | | |
| Table A Before the mobility | Component code Component title at the Receiving Institution | | | | | winter/summ Semester | | Number of ECTS credits (or equivalent) to be awarded by the Receiving Institution upon successfu completion | | | |
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| | | | | | | <u> </u> | 110 | otai. | | | |
| The level of language competence in ENGLISH that the student already has or agrees to acquire by the start of the study period is: A1 □ A2 □ B1 □ B2 □ C1 □ C2 □ Native speaker □ | | | | | | | | | | | |
| <u> </u> | | | | | | | | | | | |
| | Recognition at the Sending Institution | | | | | | | | | | |
| Table B Before the mobility | Component code | | Component title at the Sending Institution | | | nter/summer Semester | | Number of ECTS credits to be recognised by the Sending Institution / Signature | | | |
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| | | | | | | | Total: | | | | |
| By signing this document, the student, the Sending Institution and the Receiving Institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The Receiving Institution confirms that the educational components listed in Table A are in line with its course catalogue and should be available to the student. The Sending Institution commits to recognise all the credits gained at the Receiving Institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. The student and the Receiving Institution will communicate to the Sending Institution any problems or changes regarding the study programme, responsible persons and/or study period. The student confirms that his/her language skills enable him/her to follow the chosen modules and sit the respective exams at the end of the study period. | | | | | | | | | | | |
| Comm | nitment | | Name | Email | Po | sition | Date | Signature | | | |
| | dent | | | | | udent | | | | | |
| Sending I | person at the Institution | | | | | ead of ation Board | | | | | |
| | person at the Institution | | | | | | | | | | |
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