

Free Mover Student Application Form Spring semester

Please fill in this form in printed letters!

Selected Campus

- Aachen
 Köln
 Münster
 Paderborn

Field of Study

- Social Sciences**
 Health Services
 Theology

Selected Course of Study

- International Programme: Social Work and Exclusion**

Period of Study

- Full Academic Year
 Autumn/Winter Semester
 Spring/Summer Semester 2020

Academic Data at Home University

Faculty: _____

Course of Study (Bachelor/ Master): _____

Current academic year: _____

Student's Personal Data

Family Name: _____

First Name: _____

Date of Birth: Day ____ Month ____ Year ____

Place of Birth: _____

Nationality: _____

Religion: _____

Gender: Male Female Diverse**Current Address**

Street/Number: _____

Post Code/Town: _____

Country: _____

Telephone: _____

Mobile No: _____

E-mail: _____

Language Competencies

Mother Tongue: _____

Language of Instruction at Home University: _____

Knowledge of English

- I have sufficient knowledge to follow lectures
- I would have sufficient knowledge to follow lectures if I have some extra preparation.

Sending Institution

Name of University: _____

Street/Number: _____

Post Code/Town: _____

Country: _____

Telephone: _____

E-mail: _____

Homepage: _____

Contact

Name of Contact Person in the International Office (Administration)

Telephone: _____ (Mobile No: _____)

E-mail: _____

Name of Academic Coordinator: _____

Telephone: _____ (Mobile No: _____)

E-mail: _____

Confirmation of Sending Institution

We confirm that this student has been selected by the home institution to participate in the international study programme of Catholic University of Applied Sciences North-Rhine Westphalia.

Place / Date: _____

Name of Responsible Person: _____

Signature: _____

Stamp:

I certify that all responses are true and accurate:

Place: _____ Date: _____

Signature of Student: _____

Obligatory Additional Documents

Photocopy of legal ID card or passport
Certificate of Enrolment / Registration of Home University
Current Transcript of Records
Copy of health Insurance/ Private Insurance
Learning Agreement

Declaration on Data Protection

With my signature I confirm my knowledge of the contents of the information letter of KatHO NRW on data protection dated 18 December 2018. I agree with the use of my data and the possibility of revocation as described in this letter.

Place: _____ Date: _____

Signature of Student: _____