



Akademisches Auslandsamt | D-85350 Freising

Tel.: 0049-(0)8161/71-4532, -5778 | Fax: 0049-(0)8161/71-2230 | E-Mail: auslandsamt@hswt.de

STUDENT APPLICATION FORM

(Photograph)

☐ Erasmus Exchange (ID code: D Freisin01)

☐ Other Exchange Program

ACADEMIC YEAR 20.. /20..

PERIOD OF STUDY: ☐ winter semester (beginning: 1st October)

☐ summer semester (beginning: 15th March)

APPLICATION DEADLINES: 15th July for winter semester, 15th January for summer semester

FIELD OF STUDY:

This application should be completed in **BLACK** in order to be easily copied, faxed or e-mailed.

A. STUDENT'S PERSONAL DATA (to be completed by the student applying)

Family name:	First name(s):
Date of birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth:	Nationality:
Current address:	Permanent address (if different):
.....
.....	Phone:
Current address is valid until:	Fax:
.....	E-mail:

B. LANGUAGE COMPETENCE

Please note that nearly all study courses at the University of Applied Sciences Weihenstephan-Triesdorf are taught in GERMAN.

Mother tongue:

Language of instruction at home institution (if different):

Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	YES	NO	YES	NO	YES	NO
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. MOTIVATION

Briefly state the reasons why you wish to study abroad:

.....

.....

.....

D. WORK EXPERIENCE RELATED TO CURRENT STUDY *(if relevant)*

Type of work experience	Firm/organisation	Dates	Country
.....
.....
.....

E. PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying:

Number of higher education study years prior to departure abroad:

Have you already studied abroad? **YES** ☐ **NO** ☐

If yes, when? At which institution?

F. STAY IN WEIHENSTEPHAN/FREISING OR TRIESDORF

Expected date of arrival:/...../..... Expected date of departure:/...../.....
Day Month Year Day Month Year

I would like to have a mentor at the beginning of the semester: ☐ **YES** ☐ **NO**

A mentor is a student who will help you with practical matters once you have arrived in Weihenstephan/Freising or Triesdorf.

Only for the campus Weihenstephan/Freising:

I am applying for a room in a student residence:

☐ **YES** *(Please fill in the Accommodation Application Form)* ☐ **NO**

G. CERTIFICATION OF NOMINATION AND KNOWLEDGE OF THE GERMAN LANGUAGE

Sending institution (Name and full address):

.....

.....

Program Coordinator: **Phone :**

Fax: **E-mail:**

☐ **We confirm that the above mentioned student has been nominated to take part in the Exchange Program.**

☐ **She/He has a sufficient knowledge of the German language.**

Date: **Signature:** **Stamp:**

H. ENCLOSURES AND CONTACT ADDRESS

The following documents must be attached:

- ☐ Learning Agreement
- ☐ Transcript of Records (including full details of previous and current higher education study)
- ☐ CV in German or English

Optional:

- ☐ Accommodation Application Form ("*Fragebogen*" – *only for the campus Weihenstephan/Freising*)

In case you have questions concerning your stay in Weihenstephan/Freising or Triesdorf, please contact:

Campus Weihenstephan/Freising:

International Office

Phone: +49-(0)8161/71-4532, -5778

Fax: +49-(0)8161/71-2230

E-mail: auslandsamt@hswt.de

Campus Triesdorf:

International Office

Phone: +49(0)9826/654-108

Fax: +49(0)9826/654-4108

E-mail: hannelore.goettler@hswt.de

I. EXEMPTION FROM PAYMENT OF THE TUITION FEES

- ☐ I request to be exempted from payment of the tuition fees during my enrollment at the Hochschule Weihenstephan-Triesdorf due to the following reasons:
 - 1) I come from abroad and
 - 2) within the framework of intergovernmental or international agreements, EU regulations or university arrangements I am guaranteed exemption from the tuition fees.

J. SIGNATURE OF THE STUDENT

I hereby declare that all information provided on this application form and on the enclosures is correct. I understand that admission to the HSWT as a guest/exchange student is for a maximum of one year only and does not constitute admission to any regular degree programme

.....

Place, Date

.....

Student's signature

RECEIVING INSTITUTION Hochschule Weihenstephan-Triesdorf

- ☐ The above-mentioned student is accepted at the Hochschule Weihenstephan-Triesdorf.

Study course:

Semester:

Program Coordinator:

International Office:

.....

.....

Date:

Date:

Please return this application form and annexes to:

Campus Weihenstephan/Freising:

Hochschule Weihenstephan-Triesdorf

International Office

Weihenstephaner Berg 5

D-85354 Freising

Campus Triesdorf:

Hochschule Weihenstephan-Triesdorf

International Office

Steingruberstr. 2

D-91746 Weidenbach