



Von der/dem Studierenden vollständig auszufüllen!

<b>SOCRATES / ERASMUS STUDENT APPLICATION FORM</b>   Bildung und Kultur <b>Sokrates</b>		(Photo)
ACADEMIC YEAR 2006 / 2007		
<b>ECTS - European Credit Transfer System</b>		<input type="checkbox"/> yes <input type="checkbox"/> no

**FIELD OF STUDY / SUBJECT AREA CODE:**

This application should be completed in BLACK in order to be easily copied and / or telefaxed

**SENDING INSTITUTION**

*Name and full address: Medizinische Universität Innsbruck (A INNSBRU21), Christoph-Probst-Platz 1, 6020 Innsbruck*

*Departmental coordinator - name, telephone and telefax numbers, e-mail box :*  
**Univ.-Prof. Dr. Lars Klimaschewski**, phone: +43 512 507 3065, fax: +43 512 507 2862, e-mail: lars.klimaschewski@i-med.ac.at

*Institutional coordinator - name, telephone and telefax numbers, e-mail box:*  
**Mag. Sabine Edlinger**, phone: +43 512 507 3943, fax: +43 512 507 2717, e-mail: sabine.edlinger@i-med.ac.at

**STUDENT'S PERSONAL DATA (to be completed by student applying)**

Family name: .....	First name(s): .....
Date of birth: .....	Sex: .....
ZIP-Code & Place of birth: .....	Nationality: .....
Current address: .....	Permanent address (if different): .....
Current address is valid until: .....	
Tel.: .....	Tel.: .....
Email: .....	Email: .....
Bankverbindung: .....	BLZ ..... KontoNr. ....

**LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):**

Institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
		from	to		
1.....	.....	.....	.....	.....	.....
.....	..	.	.	..	..
2.....	.....	.....	.....	.....	.....
.....	..	.	.	..	..
3.....	.....	.....	.....	.....	.....
.....	..	.	.	..	..

Name of student:  
 .....  
 Sending institution:  
 Medizinische Universität Innsbruck..... Country: Austria

Briefly state the reasons why you wish to study abroad ?  
 .....  
 .....  
 .....  
 .....

**LANGUAGE COMPETENCE**

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"/>

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

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

**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 been studying abroad ?      Yes       No   
 If Yes, when ? at which institution ?  
 .....

**The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will provided be at a later stage.**

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad? Yes  No

**RECEIVING INSTITUTION**

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above-mentioned student is  provisionally accepted at our institution  
 not accepted at our institution

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

Date

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