

Universität Hamburg Faculty of Medicine Office of the Dean

University Medical Center Hamburg-Eppendorf Martinistr. 52 20246 Hamburg Germany

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## Erasmus+

## **Application Form for Incomings (Medicine)**

Academic year of exchange:	
First name(s):	
Last name(s):	
Current year of medical degree:	
Erasmus stay:	full academic year
	winter semester
	summer semester

## Sending Institution

Name of home university:	
Departmental Coordinator:	
E-mail Departmental Coordinator:	

Date

Coordinator's signature

## Student Personal Data

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Date of birth (DD/MM/YYYY):	
Citizenship:	
E-mail:	
Phone:	
Permanent address:	
Proficiency in German	
(CEFR level A1-C2):	

Date

Student's signature

Do you have special needs? If yes, please specify:

Please enclose:

- Module Choice Form
- Learning Agreement (if available at the time of the application)
- Proof of German proficiency (at least B1)
- Application form for student residence hall

