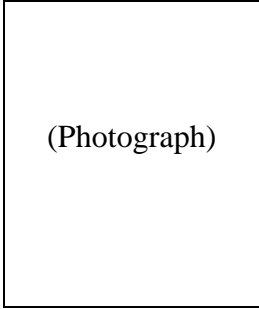


PHILIPPS-UNIVERSITÄT MARBURG

STUDENT APPLICATION FORM



Academic Year: /

Field of Study: LAW

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

SENDING INSTITUTION

Name and full address: **Philipps-Universität Marburg**

Departmental co-ordinator - name, phone and fax numbers, e-mail:
 Philipps-Universität
 Marburg.....
 Fachbereich Rechtswissenschaften.....
 Prof. Dr. Georgios Gounalakis tel.: 06421/28- 23102
 Universitätsstraße 6 fax: 06421/28-23181.....
 D-35037 Marburg.....e-mail: ausstudb@staff.uni-marburg.de.....

STUDENT'S PERSONAL DATA

Family Name: _____ First name(s): _____
 Date of birth: _____
 Sex: _____
 Place of Birth: _____
 Current address: _____ Permanent address (if different): _____

 Current address is valid until: _____
 Tel.: _____ Tel.: _____

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION

(in order of preference)

Institution	Country	Period of Study		Duration of stay (months)	Expected ECTS credits
		from	to		
1.
2.
3.
4.
5.

Name of Student:

Sending Institution:

Philipps-Universität Marburg

Country: **Germany**

BANK ACCOUNT

Bank:

Account No.:

BLZ:

I receive a BAFöG grant:

YES

NO

LANGUAGE COMPETENCE:

Mother tongue:

Language of instruction at home
institution:

Other Languages:

I am currently studying
this language

I have sufficient
knowledge to follow
lectures

I would have sufficient
knowledge if I had
some extra preparation

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

YES

NO

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?

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 co-ordinator's signature

Institutional co-ordinator's signature

.....
Date:

.....
Date: