

**Application for Students of Partner Institutions**

**INTERNSHIP**

<b>Family name</b>										
<b>First name</b>										
<b>Sex</b>	Male <input type="checkbox"/> / Female <input type="checkbox"/>									
<b>Date of birth</b>										

Important: contact details where to send the letter of confirmation.			
<b>Street, house number</b>			
<b>Postal code</b>		<b>Phone</b>	
<b>City</b>		<b>Email</b>	
<b>Country</b>			
<b>Command of German:</b>	<input type="checkbox"/> good (I am able to follow German lectures) <input type="checkbox"/> none / basics		
<b>Command of English:</b>	<input type="checkbox"/> good <input type="checkbox"/> none / basics		
<b>Your home university, city and country</b>			
<b>Faculty at your home university</b>			
<b>Study course at your home university</b>			
<b>Number of years completed at time of registration</b>			
<b>List of Courses taken at home university</b>	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____		
<b>Duration of stay</b>	<b>From</b>	___ / ___ / ___	<b>to</b> ___ / ___ ___    ___ months

<b>Status:</b>					
<b>Erasmus</b>	<b>Yes</b>		<b>No</b>		
<b>Other</b>	<b>Yes</b>		<b>Which?</b>		
<b>Accommodation in a student residence</b>	<b>Yes</b>		<b>No</b>		
<b>Participation at a language course (German)</b>	<b>Yes</b>		<b>No</b>		

<b>Preferences concerning the internship (branch, type of company, department)</b>	
--	--

<b>Person(s) to contact in case of emergency:</b>	
---	--

**This application form is valid only with the following data and signature:**

<b>International coordinator at home university</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Signature of the International coordinator / stamp</b>	I hereby confirm the data the student has given with this application form.

**I hereby confirm that:**

=> need to attach of copy of my identity card (or passport) and my European Health Insurance Card

=> I have an adequate health insurance which will bear the treatment and hospital expenses in Germany

**City, Date:** \_\_\_\_\_

**Signature of the student:** \_\_\_\_\_

<p><b>Berufsakademie Karlsruhe – University of Cooperative Education</b>  <b>International Office</b>  Erzbergerstr. 121, 76133 Karlsruhe  Dr. Anita Dreischer, Alexandra Braswell  Tel. 0049-721-9735-709/707, <a href="mailto:dreischer@ba-karlsruhe.de">dreischer@ba-karlsruhe.de</a>; <a href="mailto:braswell@ba-karlsruhe.de">braswell@ba-karlsruhe.de</a></p>
--