



## Application for Students of Partner Institutions

## STUDIES

<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>Courses to be taken at BA Karlsruhe</b>	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____			
<b>Duration of stay</b>	<b>From</b>	____ / ____ / ____	<b>to</b> ____ / ____ ____	____ <b>months</b>

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

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

=> it is required that I have to pay the so-called "Semesterbeitrag" of approximately 60 Euros on arrival in Karlsruhe (this is not a tuition fee, but a contribution towards our social facilities and benefits for you).

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

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

**Berufsakademie Karlsruhe – University of Cooperative Education**  
**International Office**  
**Erzbergerstr. 121**  
**76133 Karlsruhe**  
**Dr. Anita Dreischer, Alexandra Braswell**  
**Tel. 0049-721-9735-709/707**  
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