

STUDENT APPLICATION FORM (Incomings)





Please attach a recent passport photograph

			photograph			
ACADEMIC YEAR	OF EXCHANGE:		(OPTIONAL)			
			(0			
First name:						
HOME INSTITUTION						
Institution						
		Erasmus ID Code:				
Coordinator:		Tel.:				
Contact:		E-mail:				
	HOSTING	TTUTTON				
	HOST INST	ITUTION				
Hochschule für M	usik FRANZ LISZT Weimar					
Erasmus ID Code	: D WEIMAR02	Tel: +49 3643 555141				
Coordinator:	Ly Tran	Fax: +49 3643 555147				
Contact:	Sandra Domanetzki	E-mail: erasmus@hfm-weimar.de				
PERIOD OF STUDY						
From	to	Duratio	on (months)			
	STUD	ENT				
Family name:		First name(s):				
Date of birth:	Date of birth:		Place of Birth:			
Age:		Nationality:				
Sex: Male	e Female Divers	Permanent address (if	different):			
Current address:						
Current address	is valid until					
		Tel.: +				
		Fax: +				
		E-mail:				
		•				
	CURRENT STUDIES (at	Sending Institution)				
Field of Education	า:					
Study programme:						
Principal study subject:						
Pursued degree:						
			year □ 5 th year			

Professor in ma	nin field of study:			
Please attach a	transcript including full details	of current high	er education stud	у.
Details not kno	wn at the time of application sl	hould be provide	ed at a later stage	э.
	DESIRED COURSES AT RE			
Course Component code (if any)	Course component title (as indicated in the course catalogue) at Receiving Institution	Semester (winter / summer)	Number of ECTS to be awarded by Receiving Institution upon successful completion	
Total number	of FCTS			
Please notice t	se catalogue: https://bit.ly/3xE chat a final Learning Agrer agreement.eu/ after acceptance	neent is to b		the portal
	TEACHER AT HOS	T INSTITUTIO	N	
Preferred Profe	TEACHER AT HOS			
		n subject (if app	olicable)	
1	ssor at Host Institution for mai	n subject (if app	olicable)	
1	ssor at Host Institution for mai	n subject (if app	olicable)	
1 2	ssor at Host Institution for mai	n subject (if app	olicable)	
1	ssor at Host Institution for mai	n subject (if app	olicable)	
1	ssor at Host Institution for mai	n subject (if app	olicable)	
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1	LANGUAGI your language skills other thar	n subject (if appointment of appoint	rate Limited	None None
1	your language skills other than Fluent Fluent Fluent Fluent	n subject (if appointment of appoint	rate Limited	None None
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1	LANGUAGE your language skills other than Fluent Fluent Fluent AUDIT your own performance):	n subject (if appointment of appoint	e: rate Limited rate Limited rate Limited	None None
1	LANGUAGE your language skills other than Fluent Fluent Fluent AUDIT your own performance): DOCUMENTS TO ATTACE ecords	n subject (if appointment of appoint	e: rate Limited rate Limited rate Limited	None None