

Erasmus+ Student Mobility for Study

Application Instructions

Please note: To be eligible for application you have to be nominated by the Erasmus+ Coordinator of your home university by 30 April / 31 Oct

Documents to be submitted for application:

- Application form incomings (see below)
- Transcript of records signed by your home university
- Learning Agreement approved and signed by your home university
- Proof of German language proficiency

Submit your application by:

31 May (for winter term or academic year

30 Nov (for summer term only)

Please send your complete application as a scan copy to:

Steinhusen.angela@mh-hannover.de

After receiving your application our ECTS Coordinator PD Dr Volkhard Fischer checks and confirms your proposed study programme and he will return the signed Learning Agreement as scan copy to you. Thereafter you will receive an official "Letter of Acceptance". This letter will be issued by the MHH Erasmus+ Project Coordinator.

For further information please take a look at the *European Student Guide* as well as an overview of all clinical courses and the structure of the clinical studies on our homepage www.mh-hannover.de/780.html.

As for accommodation on MHH campus, we will reserve a room in our student dormitory for you. In due time the housing organization Studentenwerk Hannover will contact you for the rental contract.

ERASMUS+ Student Mobility for Study (SMS) Application Form Incomings

Photo

Personal Data

Home university:

Duration of stay: from: (dd/mm/yyyy) to:

First name:

Family name:

Date of birth:

Place of birth:

Citizenship:

Sex:

Address:

Postal code, city, country:

Phone number:

E-Mail address:

Contact person in case of an emergency:

Name:

Address:

Phone number:

E-Mail address:

Studies

Field of study:

Begin of studies:

current semester:

Language skills:

German:

English:

Enclosures and Signature

Attached documents : ☐ Transcript of Records ☐ Learning Agreement ☐ Language Certificate

Data privacy regulations

By signing this form, applicants agree to the processing of their personal data at Hannover Medical School for the purpose of their observership. If you do not consent to the collection and processing of your personal data, you will not be able to participate.

The processing of the data takes place on the basis of Art. 6 (1) a) of the GDPR (consent). The further processing of the data then takes place on the basis of Art. 6 (1) b) of the GDPR (execution of a contract).

I hereby confirm that the information given are complete and correct.

Place, date

Signature

To be completed by the home university

We hereby confirm that the student _____

has been nominated as participant in the ERASMUS+ Programme to study at Hannover Medical School.

Name: _____

Position: _____

Place, date

Signature / Stamp