

Application checklist

Application for admission form (please fill out and sign)

Official transcript of records

Transcript of records of your home university in English or German including all course achievements up to the current date.

German/English language certificate of level B2 (CEFR)

To prove your level of **German (B2)** and/or **English (B2)**, please hand in an official language certificate, OLS assessment result sheet or confirmation from your home university.

Copy of passport identification page (valid for the duration of your stay)

Photo

Course selection/learning agreement

Please make your selection based on the course list and fill out and sign the Erasmus OLA. The learning agreement will be returned signed by responsible person of UAM, provided that the student has sent all necessary application documents. Please submit until **July 1st** for winter term or full academic year* and till **January 1st** for summer term.

Health insurance confirmation for Germany (due until enrollment day)

It is mandatory that exchange students from EU/EEA countries and Switzerland have to apply for a European Health Insurance Card (EHIC, E-111 - blue card) in their home country valid for the whole duration of your stay in Munich. After you received the card you have to write an email or go (after you arrived) to any state medical insurance company located close to your place of residence in Germany (see [list](#)). You have to ask for the required medical insurance certificate of standard format for universities. From January 2022 on this document will be submitted directly to our university in digital form by the health insurance company.

If you have a **private insurance** you need a document of your insurance company that confirms sufficient insurance coverage during your whole stay in Munich. With this confirmation you have to contact any German state medical insurance via email or personally (after you arrived) and ask for a corresponding certificate of standard form for universities.

Information for all students: Travel insurance is not sufficient for studying in Germany! We cannot accept any travel insurances.

If you cannot provide us with a health insurance card or document, please contact us before the deadline ends via email.

Without the required documents we cannot enroll you!

Please inform us about any kind of delay and/or contact us if have any questions: international-office@fham.de

Application for admission 20__ /20__

EXCHANGE SEMESTER	
<input type="checkbox"/> Winter (September/October – February/March)	<input type="checkbox"/> Summer (March/April– August/September)
<input type="checkbox"/> Full Academic Year (September/October–February/March)	

PERSONAL INFORMATION	
Last name	
First name(s)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (Month/Day/Year)	
Country of birth	
Citizenship	
Are you a person with special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Do you have a residence permit for an EU/EFTA member country?	<input type="checkbox"/> No <input type="checkbox"/> Yes (temporary) <input type="checkbox"/> Yes (permanent)
Level of German language ability	<input type="checkbox"/> No <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 No Beginner Intermediate Fluent
Level of English language ability	<input type="checkbox"/> No <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 No Beginner Intermediate Fluent

ACADEMIC INFORMATION	
Name of home university	
Field of study at home university	
completed academic years prior to exchange semester ____	
Degree sought	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master
CONTACT INFORMATION	
Email address	
Mailing address	
Phone/mobile number	

PERSON TO CONTACT IN CASE OF EMERGENCY	
Name	
Relationship to you	
Email address	
Mailing address	
Phone/mobile number	

With signing this document I confirm that all information is complete and true. I agree that UAM will save and process my data for the exchange semester and Erasmus+ program purpose.

Signature of applicant: _____ Date: _____