APPLICATION FOR EXCHANGE STUDENTS German Sport University Cologne

Please fill in the following form and save a copy for your personal records.

Family name:
First name(s):
Home university - country:
Home university - name:
Semester of exchange:
Personal data:
Family name:
First name(s):
Sex:
Date of birth (dd.mm.yyyy):
Country of birth:
Place of birth:
Nationality:
Second nationality:
Current address:
c/o:
Street and house number:
Postcode:
City:
Country:
Address valid until:
Phone (mobile):
Email:

Home address (if different):
c/o:
Street and house number:
Postcode:
City:
Country:
Person to notify in case of emergency:
Name:
Email:
Phone:
Home university:
Country:
Name of university:
Faculty/school/department:
Begin of studies at home university:
Date of university entrance qualification:
Current studies:
Degree/qualification pursued:
Study level:
Number of semesters prior to mobility:
Age at the beginning of mobility:
Details of mobility:
Start semester:
Duration of stay:
Planned date of arrival:

Language skills:	:	
English		
German		
Further language	ges:	
Disability and sp	pecial needs:	
Do you have any	y disability or special needs?	
If yes, please spe	ecify:	
Confirmation of	f the coordinator at your home university	
	f the coordinator at your home university ed by your international coordinator):	
(to be completed	ed by your international coordinator):	
(to be completed University:	ed by your international coordinator):	
(to be completed	ed by your international coordinator):	
(to be completed University:	ed by your international coordinator):	
(to be completed University: Name:	ed by your international coordinator):	
(to be completed University: Name: Function:	ed by your international coordinator):	
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(to be completed University: Name: Function: Department:	ed by your international coordinator):	
(to be completed University: Name: Function: Department:	ed by your international coordinator):	
(to be completed University: Name: Function: Department: Phone:	ed by your international coordinator):	
(to be completed University: Name: Function: Department: Phone:	ed by your international coordinator):	

Date, place, signature (international coordinator), stamp

Finalize your application:

- Send this file to the PDF printer of your computer to save your application as PDF for your personal records.
- Print the file and have it signed by your home university's international coordinator (see page 3 of this document).
- Do not forget to sign it yourself (see signature field below).
- Scan the signed application form.
- Upload all required documents in the MySpoho portal:
 - o This application form
 - o Transcript of Records from home university
 - o Passport photograph
 - o Copy of passport or national ID card
 - o Copy of European health insurance card (EU citizens only)
 - o Application for housing (if desired)

Date place	, signature (prospective exchange student)	_