

Please attach your photo here after printing OR leave blank if you send it via email	Home University		
			Erasmus partner university Partner university (non-EU) Freemover (EU/non-EU)
	Family name <i>Nachname</i>		
	Name <i>Vorname</i>		
	Date of birth <i>(dd/mm/yyyy)</i>		Place of birth
Gender		Nationality	
Home address			
Phone number		Email	
Day of arrival	Expected stay in Cologne		
	from:	until:	
<i>(dd/mm/yyyy)</i>	<i>(dd/mm/yyyy)</i>	<i>(dd/mm/yyyy)</i>	
Type of course at stay in Cologne (please mark desired courses)			
Lectures incl. practical trainings en bloc		Final year clinical electives (<i>Praktisches Jahr</i>)	
Short term traineeship (<i>Famulatur</i>)		German course	Presemester
Research internship			Semester

To be filled out by ZIB Med:

Matrikelnummer	Klinikausweis	Zentral OP -Ausweis

Fachbereich	Klinik	Von	Bis	Ansprechpartner	@	Tel.

Unterlagen	benach.	erhalt.	Kommentar			
Learning / Training Agreement						
Gesundheitszeugnis						
Lebenslauf						
Immatrikulationsnachweis						
Transcript of Records						
Sprachnachweis			A1, A2	B1	B2	C1, C2
Zulassung						
ZAV (nur für nicht-EU inkl. Türkei)			ZAV abgeschickt am:			
Krankenversicherung						