



APPLICATION FOR A STAY ABROAD (STUDY ABROAD)

Internal application for a place at a partner university abroad and/or funding for study abroad via Erasmus+

Application deadline: January 15 for the following academic year (winter and/or summer semester)

Submit by email to international-office@folkwang-uni.de

PLEASE NOTE: Do **NOT** fill out this form on your smartphone. The "preview" function on Apple devices may also cause problems. After filling out the form, check that all of your entries have been transferred correctly. If necessary, you can print out the form and fill it out by hand.

1. PERSONAL INFORMATION

Last name: _____ First name: _____

Date of birth: _____ Place of birth: _____

Nationality/-ies): _____ Gender: M F D

Phone: _____ Folkwang E-Mail: _____

Degree course: _____ Degree type: _____

Current semester: _____ Tax ID: _____

IBAN: _____ BIC: _____

Name of your bank: _____

Previous stays abroad with Erasmus+ (description, start and end dates):

2. YOUR STUDY ABROAD STAY

Expected time period: _____

1st choice

Host university: _____

Country: _____



2nd choice

Host university: _____

Country: _____

3rd choice

Host university: _____

Country: _____

3. ERASMUS+ Inclusion and Equal Opportunities

I would like to apply for additional funding for participants with fewer opportunities in Erasmus+ as a member of the following group:

- Students with a disability (GdB 20 or higher) or a chronic illness that causes additional expenses
- Students with children who will travel abroad with them
- Working students (net monthly income min. 450 €, max. 850 €)
- First-generation students (i.e. neither parent has obtained a degree)

I do **not** wish to apply for additional funding for participants with fewer opportunities

For more information on the eligibility criteria and documents required, check our [website](#). If you have any questions, please contact the international office (international-office@folkwang-uni.de).

4. DOCUMENTS

I am enclosing a current certificate of study with this application.

I hereby confirm that the information I provided here is accurate. I will notify the international office of any changes immediately.

Place / Date: _____ Signature: _____