



Medical School Hamburg Am Kaiserkai 1 20457 Hamburg



Application Form for the MSH Medical School Hamburg

- to be completed electronically and sent by e-mail – digital signatures are accepted -

Programme:

Intended study abroad period:

copy & paste your photo here

1 Personal details

Family name:

First name:

Date of birth: Nationality: Sex:

Address in home country:

Phone number: E-mail:

Emergency contact

Name: Relationship to you:

Phone number:

2 Academic background

Name of home institution:

Study programme at home institution Level of study

Begin of studies:

The intended study abroad semester would be your semester at your home university.

3 German language level

Do you have a German language certificate such as TestDaF, Goethe-Zertifikat, DSH, TELC?

If yes, please give details below and attach the certificate showing your results.

Type of certificate, grade, date:

- If you would like to attend lectures taught in German, the minimum Level is B2! -

Number of years for which you have been learning German:

Please give further details of your German language skills (in an academic context):

Do you speak any other foreign languages? If yes, how did you learn them?

Your application will not be accepted without proof of sufficient language proficiency!

4 Choice of modules

Please list the modules you would like to take at MSH Medical School Hamburg (max. 6):

Code	Title
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please list your alternative modules here:

Code	Title
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Student's signature: _____

Name of academic advisor:

Signature of academic advisor and institutional stamp: _____

5 Personal statement

Please tell us how your proposed programme of study at MSH Medical School Hamburg will relate to your present academic programme. Also describe which personal benefits you expect from studying abroad in Hamburg.

Declaration

To the best of my knowledge, the information given here is correct and complete.

Place	date	signature

Checklist

Please include the following documents in your application:

Recent CV

Official transcript of records (latest version)

Photocopy of identity card (EU citizens) / passport (non-EU citizens)

Digital photograph for your student ID card

Proof and results of German language certificate

Proof of sufficient health insurance

Make sure your application is complete with all the necessary documents, signatures and your photograph! Please send your application as one single PDF file (max. 5 MB) to:

international-office@medicalschoo-hamburg.de