

Application Form for the MSH Medical School Hamburg

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

		copy & paste your photo here
Programme:		
Intended study abroad	period:	
1 Personal details		
Family name:		
First name:		
Date of birth:	Nationality:	Sex:
Address in home coun	try:	
Phone number:	E-mail:	
Emergency contact		
Name:	Relationship to you:	
Phone number:		
2 Academic backgrou	und	
Name of home institution	on:	
Study programme at he	ome institution Level of s	tudy
Begin of studies:		
The intended study ab	road semester would be your seme	ster 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

Please list your alternative modules here:

<u>Code</u>	<u>Title</u>

Student's signature: _____

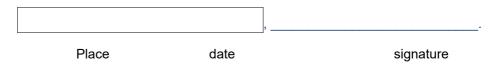
Signature of academic advisor and institutional stamp:

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.



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@medicalschool-hamburg.de