Application for a stay abroad

Study year 2022/23

Please use this application form only for planned stays outside of the Erasmus+ program. Applications for Erasmus+ have to be handed in via our mobility database “Mobility Online”. The link is available here: <https://www.fh-campuswien.ac.at/international/outgoing.html>.

If you have questions, please contact: international@fh-campuswien.ac.at

IMORTANT INFORMATION FOR THE SUBMISSION:

* Please fill out the form completely.
* Prepare a letter of motivation, your CV, transcript of records and, if your language of instruction abroad is not your mother tongue, a certificate that proves your language skills.
* Create one PDF file, containing all documents.
* Send the PDF to international@fh-campuswien.ac.at.
* After your application has been checked, you will receive a confirmation by the International Office. Your stay abroad will be entered in the student portal by us at a later stage.
* Deadline: 15th March 2022 (for the receipt of the complete application by mail).

APPLICATION FORM

Personal data

* Student number (without c): Klicken oder tippen Sie hier, um Text einzugeben.
* Matriculation number: Klicken oder tippen Sie hier, um Text einzugeben.
* Last name: Klicken oder tippen Sie hier, um Text einzugeben.
* First name: Klicken oder tippen Sie hier, um Text einzugeben.
* Sex: Klicken oder tippen Sie hier, um Text einzugeben.
* Date of birth: Klicken oder tippen Sie hier, um Text einzugeben.
* Country of birth: Klicken oder tippen Sie hier, um Text einzugeben.
* Nationality: Klicken oder tippen Sie hier, um Text einzugeben.
* Nationality 2: Klicken oder tippen Sie hier, um Text einzugeben.
* Address: Klicken oder tippen Sie hier, um Text einzugeben.
* E-mail-address (FH): Klicken oder tippen Sie hier, um Text einzugeben.
* E-mail-address (private; optional entry): Klicken oder tippen Sie hier, um Text einzugeben.

**Details of your study program at FH Campus Wien**

* Department (please tick the appropriate box):

[ ]  Applied Life Sciences

[ ]  Applied Nursing Science

[ ]  Building and Design

[ ]  Health Sciences

[ ]  Social Work

[ ]  Engineering

[ ]  Administration, Economics, Security, Politics

* Study program: Klicken oder tippen Sie hier, um Text einzugeben.
* Study level: [ ]  Bachelor [ ]  Master
* Abbreviation of your study year (e.g. SA23VZ):

Details of your planned stay abroad

**Mobility program (please tick only one box!)**

[ ]  SEMP (Switzerland, for studies)

[ ]  SEMP (Switzerland, for traineeships)

[ ]  Freemover (for studies)

[ ]  Freemover (for internships)

[ ]  Marshall-Plan-Scholarship (only open to students from the Applied Life Sciences and Engineering, who plan to do research abroad)

[ ]  Global Social Dialog

[ ]  other program (please add its name here): Klicken oder tippen Sie hier, um Text einzugeben.

The traineeship [ ]  is part of my studies; [ ]  is a graduate traineeship (after my studies).

**Planned duration**

* The stay starts in (state semester): Klicken oder tippen Sie hier, um Text einzugeben.
* The stay ends in (state semester): Klicken oder tippen Sie hier, um Text einzugeben.
* Duration of stay: [ ]  1 semester, [ ]  2 semesters
* Planned start date: Klicken oder tippen Sie hier, um Text einzugeben.
* Planned end date: Klicken oder tippen Sie hier, um Text einzugeben.

**Host institution**

* Country of host institution: Klicken oder tippen Sie hier, um Text einzugeben.

Name of host institution: Klicken oder tippen Sie hier, um Text einzugeben. \*Optional for traineeships: [ ]  The placement is not fixed yet; I will inform the International Office about it asap.

* Address of host institution: Klicken oder tippen Sie hier, um Text einzugeben.
* STUDIES ONLY: Study program at host institution: Klicken oder tippen Sie hier, um Text einzugeben.
* Contact person at host institution (either your supervisor, mentor, or an employee of the International Office), please state first and last name: Klicken oder tippen Sie hier, um Text einzugeben.
* E-mail address of contact person: Klicken oder tippen Sie hier, um Text einzugeben.

**Language Skills**

Mother tongue: Klicken oder tippen Sie hier, um Text einzugeben.

Optional – Foreign language 1: Klicken oder tippen Sie hier, um Text einzugeben.

Level of foreign language 1 [ ]  C2 (native speaker, or near-native speaker), [ ]  C1 (advanced language skills), [ ]  B2 (upper-intermediate), [ ]  B1 (intermediate) [ ]  A2 (elementary), [ ]  A1 (beginner)

Optional – Foreign language 2: Klicken oder tippen Sie hier, um Text einzugeben.

Level of foreign language 2 [ ]  C2 (native speaker, or near-native speaker), [ ]  C1 (advanced language skills), [ ]  B2 (upper-intermediate), [ ]  B1 (intermediate) [ ]  A2 (elementary), [ ]  A1 (beginner)

Please add further languages and level of language skills if relevant for your stay abroad.

**Contact person for emergencies**

**Please note: you need to state at least one contact person. You can copy and paste the fields to add further contact persons.**

Last name: Klicken oder tippen Sie hier, um Text einzugeben.

First name: Klicken oder tippen Sie hier, um Text einzugeben.

E-mail address: Klicken oder tippen Sie hier, um Text einzugeben.

Telephone/Cell phone number: Klicken oder tippen Sie hier, um Text einzugeben.

Relationship to contact person (e.g. parent): Klicken oder tippen Sie hier, um Text einzugeben.

**Declaration of consent**

[ ]  I confirm to have completed all fields correctly and completely.

[ ]  I agree that the information of this form and the application will be stored electronically by the International Office under consideration of the Data Protection Act and will be used for the organization and implementation of the mobility. For more information, please refer to the data protection agreement of the FH Campus Wien at: [https://www.​fh-campuswien.​ac.​at/datenschutzerklaerung-1.​html](https://www.​fh-campuswien.​ac.​at/datenschutzerklaerung-1.%E2%80%8Bhtml). The data will be passed on to external bodies (scholarship programs, partner universities) for the purpose of implementing the mobility.

[ ]  I hereby confirm that I will arrange for sufficient insurance coverage for the period of my stay abroad.

[ ]  I hereby confirm that I will obey the rules in place in my host country and at my host institution.

[ ]  YES / [ ]  NO: I agree that my name and the given e-mail address may be forwarded by the International Office to interested students for the purpose of information exchange.​

Date: Klicken oder tippen Sie hier, um Text einzugeben.

Signature:

**To be completed by the International Office only:**

Application received on:

Comments: