**PLEASE!**

PHOTO

1. Complete all application forms with computer & sign where needed!

**2. Delete the red comments**

3. Hand in hard copy at MIRO and send as pdf to outgoing@unileoben.ac.at

**SUBMISSION DEADLINE**

**March 1st** for the following study year (winter and spring semester)

**September 1st** for the remaining spots of the following spring semester (Restplätze)

|  |  |
| --- | --- |
| **Intended start**: | Fall semester (Oct-Feb) **20**     /      Spring semester (Feb-June) **20**      /       |

|  |
| --- |
| **I apply for AKZ (Student Mobility Grant)** [ ]  yes [ ]  no |

**I receive federal student aid** (=Studienbeihilfe) (nicht verwechseln mit Familienbeihilfe!)

 [ ]  yes [ ]  no

|  |
| --- |
| APPLICANT’S PERSONAL DATA |
| **Family name**:      **First name(s)**:       | **Title**:       |
| **Date of birth**:       (DD/MM/YYYY) **Place of birth**:       | **Social security number:**      [ ]  **female**  [ ]  **male**  |
| **Passport number**:      **Citizenship**:       | **Expiration date of passport**:       (DD/MM/YYYY)  |
| **Telephone**:       | **Email** (Email account has to be checked regularly!):       |
| **ADDRESS 1: Permanent home address****Street**:      **Zip code**:       | **City**:      **State**:      **Country**:       |
| **ADDRESS 2: Current study address** (if different)**Street**:      **Zip code**:      | **City**:      **State**:      **Country**:       |
| **Official notifications should be sent to**  | [ ]  **address 1** [ ]  **address 2** |
| **Emergency contact person and relationship**:**Address**:      **Telephone & Email**:       |       |

**Applicant’s full name:**

ACADEMIC INFORMATION

|  |
| --- |
| **Home INSTITUTION: Montanuniversitaet Leoben** |
| **Student ID:**      **Current field of study:**       **/ Institute:**      **Study program coordinator** (Studiengangsbeauftragter)**: name**     **/ email**     **/ telephone**     **Academic level at the beginning of the stay abroad :** [ ]  **BSc** [ ]  **MSc** [ ]  **PhD****Completed semesters in this academic level at the beginning of the stay abroad:**      **Exp. University graduation date at current academic level:**      (MM/ YYYY)**Current ECTS credits in total:**       |

LIST OF SELECTED HOST INSTITUTIONS (in order of preference)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of host institution** | **Country** | **Period of study****from until****DD/MM/JJJJ DD/MM/JJJJ** | **N° of months abroad** | **N° of expected ECTS-credits** to be given at MUL (Anrechnungs-punkte) |
| 1.      2.      3.       |                 |                 |                 |                 |                 |

LANGUAGE SKILLS

|  |
| --- |
| **Native language:** |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Foreign language:** | **English** | **Spanish** | **French** |  |  |
| **A1** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **A2** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **B1** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **B2** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **C1** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **C2** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

 |
| **\***Description of language levels: **http://www.europaeischer-referenzrahmen.de/** |
| **Language certificate/ test:** [ ] yes [ ] no

|  |  |
| --- | --- |
| **Name:** | **Result:** |
| **Date of completion:** |  |

 |

FINANCIAL PLAN

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please list your sources of financial support while studying abroad. **Please attach documentation to support evidence of this funding**, i.e. scholarship letters, bank statements, or letters of support from parents/sponsor etc.

|  |  |
| --- | --- |
| **Your own funds** |      € |
| **Funds from family or private sponsor** |      € |
| **Scholarship/ grant** |      € |
| **Total funds available** | **€** |

 |

**Applicant’s full name:**

HEALTH COVER, ACCIDENT & LIABILITY INSURANCE

All outgoing students are required to obtain and maintain health cover, as well as an accident and liability insurance throughout their stay at the host university. [ ]  I’ve read this

VISA

MUL does not assist in obtaining a visa. For visa regulations and procedures please contact the nearest embassy of your host country. Information can be found on the website of the Austrian Ministry for Foreign Affairs. [ ]  I’ve read this

APPROVAL FROM MONTANUNIVERSITAET

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **To be completed by MIRO**[ ]  Checklist completedThis is to certify that we support the application of the student named above for application to the international mobility program. The student has permission to take the courses as detailed in the “Learning Agreement” for transfer of credit to Montanuniversitaet and the study program.

|  |  |
| --- | --- |
| **Name**:       | **Function**:       |
| **Date**:       | **Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |

DECLARATION

I declare that the information submitted herein is correct and complete. I acknowledge that incomplete applications cannot be processed.

I understand that Montanuniversitaet Leoben reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information.

I further understand that Montanuniversitaet may obtain records from any educational authority or institution attended by me and I authorize Montanuniversitaet Leoben to do so.

I also authorize Montanuniversitaet to provide my host university with an official copy of my academic transcript.

I agree that all personal data provided by me may be saved, processed and utilized by MIRO.

I agree that my experience report of my stay abroad may be published on the MIRO website.

I declare my willingness to support MIRO at information events (such as the study abroad fair or orientation sessions etc.) after I have returned from my study period abroad.

I ensure to autonomously organize sufficient health-, accident- and legal liability insurance for the entire duration of my study abroad period.

I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS STATED HEREIN AND AGREE TO ABIDE BY THEM.

**Date:**       \_\_\_\_\_ **Applicant’s signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_