**APPLICATION FOR THE ACADEMIC TERM:**

**(Photograph)**

[ ]  **Fall Term 2012/13**

[ ]  **Spring Term 2013**

|  |
| --- |
| **PROGRAM** [ ]  Erasmus [ ]  Other Bilateral Agreement [ ]  Freemover |

|  |
| --- |
| **FIELD OF STUDY**       |

|  |  |
| --- | --- |
| **STUDENT’S PERSONAL DATA**Family name:      Date of birth:   /  /     (day/month/year)Citizenship(s):      Mother Tongue:      Permanent address:               Phone:      Mobile:      E-mail:       | First name:      Place of Birth:      Gender: [ ]  Male [ ]  FemalePerson to contact in an Emergency:Name:      Address:                  Phone:      Mobile:      E-mail:       |

|  |
| --- |
| **SENDING INSTITUTION**Name and address:                              **Contact Person for Exchange Issues**:Name:       Position:      Phone:       E-mail:       |

**LANGUAGE COMPETENCE**

|  |
| --- |
| Language of instruction at home institution:       |

|  |
| --- |
| Language Certificate: [ ]  TOEFL [ ] IELTS [ ]  Cambridge Advanced [ ] BEC Higher(please enclose copy) [ ]  other:       |

|  |
| --- |
| I wish to attend German language course:[ ]  Yes [ ]  No If yes, which level? [ ]  Beginners [ ]  Intermediate [ ]  Advanced |

**PREVIOUS AND CURRENT STUDY**

|  |
| --- |
| Level of study at home institution: [ ]  Bachelor [ ]  MasterField of study at home institution:      Total number of higher education study semester prior to departure abroad:       |

|  |
| --- |
| **NUMBER OF ECTS EXPECTED BY HOME UNIVERSITY**:       ECTS |

|  |
| --- |
| **ACCOMMODATION**: [ ]  I will apply for an accommodation with SWOWI  [ ]  I will organize an accommodation on my own  |

|  |
| --- |
| **HEALTH ISSUES:** We encourage you to inform us about any health condition that might impact your ability to successfully participate in an exchange program. Such information will enable us to ensure that any necessary support measures can be arranged by your host school. It also enables us to fulfil any possible information obligations we might have with respect to our partner organisations. In any case, such information will be treated in strictest confidence and will not be provided to any third person without your prior consent. |

|  |
| --- |
| **WHY DO YOU WISH TO STUDY AT ZHAW SCHOOL OF MANAGEMENT AND LAW:**                |

**Please return to the ZHAW School of Management and Law International Office:**

ZHAW School of Management and Law

International Office

Nina Meier

P.O. Box

CH - 8401 Winterthur

Switzerland

e-mail: nina.meier@zhaw.ch