



Application Form for the EKC Student Exchange Program

Personal data of applicant

Last Name: _____

First Names: _____

Registration NO: _____

Year of study: _____

Date of Birth (YY/MMYDD): _____

Citizenship: _____

Sex: Male/Female

Address: _____

Email: _____

Student ID: _____

Passport Number (If available) _____

Number of semesters completed until planned departure to Germany:

Did you previously stay abroad / Former stays abroad?

If yes, please attach the document of proof.

Did you previously receive any stipend / Former stipend?

If yes, please attach the document of proof.

Planned department/field of rotation in Würzburg _____

Planned period of stay: _____



Prof. Dr. med. Oliver Kurzai

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Date arrival in Würzburg : _____

Date return from Würzburg: _____

Academic referee

Name of referee: _____

Academic rank: _____

Contact Email: _____

Options in Würzburg

Do you want the EKC to help you to find housing for your stay in Würzburg ?

YES/ NO

Special needs (optional)

Please tick this box if you have a disability which demands extra support and provide a brief statement outlining your needs.



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