

Application Form 2017/2018

Personal Data

(Please write your name on this form and throughout this application exactly as it appears on your passport)

PHOTO

NOTE – Non-EU students must already be enrolled in the *Materialwissenschaft und Werkstofftechnik (MWWT)* Bachelor degree program at the *Universität des Saarlandes* before applying to ATLANTIS. If you are not already enrolled, your application will not be considered.

Surname / family name: _____

First (given) and other names: _____

Gender (F/M): _____

Date of birth: |__| |__| |__| | _____ Place of Birth: _____
 Day, month, year

Passport number: _____ Expiration date: |__| |__| |__| | _____
 Day, month, year

Nationality: _____

Country of citizenship: _____

Country of residence: _____

Permanent Address: _____

Street name and Number or alternatively PO Box

Postal Code and City, State/Region

Country

E-mail address

Alternative E-Mail address

Telephone (country code – area code – phone number)

Contact Person in case of emergency:

Surname, First name

Street name and Number or alternatively PO Box

Postal Code and City, State/Region

Country

E-mail address

Telephone (country code – area code – phone number)

Educational and Professional Background

Education (High School and Current):

From	To	Institution	Field of Study	Degree Obtained (with grade)

Professional or Practical Experience:

From	To	Place of Employment	Field	Position

Language Proficiency:

NOTE: Please attach all language certificates, if any.

Language	Native Speaker	Very Good	Good	Fair	Nothing
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exchange Experience:

From	To	Location	Program Name/Type

IMPORTANT:

I certify that the information provided in this application is accurate to the best of my knowledge. Furthermore, I agree to inform my ATLANTIS program coordinator immediately of any changes and amendments.

I accept responsibility for the completeness of my application.

I agree that this application and all accompanying documents shall remain with the EU-US ATLANTIS Program.

Place, Date

Signature

Please send the completed and signed application together with *all* required documents to:

EUSMAT
Dr. Flavio Soldera
Universität des Saarlandes
Campus D3.3
66123-D Saarbrücken
GERMANY

Each year, there are two deadlines for applying: **October 15th** and **April 15th**. Please send *all* documents in **English**. Translations must be accompanied by the original document. Please submit the whole application in duplicate (**1 original and 1 copy**).

The following documents *must* accompany the completed application form.

- Complete and up-to-date Curriculum Vitae (**1 page**)
- Letter of intent (**1 page**)
- Academic certificates:
 - High school diploma (Abitur-Zeugnis or equivalent) along with final grades
 - Current academic transcripts from all institutions of higher education with explanation of grading system. (For UdS students: transcripts available at the International Office – Take an appointment with W. Heintz)
- Copy of the first page(s) of your passport or personal identification document
- Proof of health and liability insurance
- 2 professional or academic references **names** with address and relationship