

## **Musikhochschule Lübeck**

Große Petersgrube 21 T: +49 (0) 451 1505-323 F: +49 (0) 451 1505-303

> Please attach a recent passport

> > \_applicant's name

E-Mail: international@mh-luebeck.de www.mh-luebeck.de

## STUDENT APPLICATION FORM

ACADEMIC YEAR 20/20/		photograph				
Study Programme:   Bachelor	🗆 Master					
Principal study subject:						
All applications for exchange programmers Exchange Co-ordinator in the home instit BLACK.	_					
ST	UDENT					
Family name:	First name(s):					
Date of birth: Age:	Place of birth:	Place of birth:				
Sex: ☐ Male ☐ Female	Citizenship:	Citizenship:				
Current address:	Permanent address (if	different):				
Current address is valid until:						
Tel.:+	Tel.:+					
Fax: +	Fax: +					
E-mail:	E-mail:					
Previous/Current studies						
Degree for which you are currently studyin Professor in main field of study:						
Number of higher education study years pr	ior to departure abroad:					

Please attach a **Transcript of Records** including full details of previous and current higher education study. Details not known at the time of application should be provided

at a later stage.

HOST INSTITUTION									
Institution's name:		Tel.:							
Address:		Fax							
Coordinator:		E-mail:							
<u>'</u>									
DESIRED PERIO	OD of	STUDY							
	Period of study dd/mm/yy from to		У	Duration of stay (months)					
Winter semester									
Summer semester									
Academic year									
DESIRED COURSES AT MUS	IKHO	CHSCHUL	E LÜB	BECK					
N° of expected ECTS credits  1	Preferred Professor for main subject  (if applicable)  1								
Course unit code (if available)  *(1) individual lesson, (2) group	lesson	Teachi metho	d*	Cre	of ECTS edits				

	LANGUA	GE SKILI	S				
Mother tongue:							
Please indicate your languag							
1) Language			Moderate □	Limited □	None □		
2) Language				Limited	None □		
3) Language				Limited □	None □		
, 3 3							
	AUD	ITION					
A certified recording of your audition repertoire is required (CD or DVD recording including performance of at least three works from various style epochs, one of which was composed after 1950).							
Please fill in the following:							
I have included a certified* recording of my audition repertoire Yes $\Box$ No $\Box$ List of pieces performed on your recording:							
List of pieces performed only		•					
*Please let the teacher of your main subject sign the recording to certify that the recording is your own performance.							
	LETTER of	MOTIVA	TION				
Please attach Letter of Motivation and explain why you wish to study at the Partner Institution.							
SIG	NATURES H	OME INST	TITUTION				
Student:			D	ate:			
Professor/Tutor:			D	ate:			
Head of Department:			D	ate:			
International Coordinator:			D	ate:			
Required documents (che	ck list):						
☐ CD or DVD recording							
☐ Letter of Motivation							
☐ Letter of Recommendation fro☐ Transcript of Records	om the teacher	of main sub	oject				
,				apr	olicant's name		