

## Registration form for a self-organised stay abroad / participation in a field trip

20 \_\_\_\_ / 20 \_\_\_\_

Please complete and return to the International Office of the THM, Wiesenstr. 14, 35390 Giessen. This will make it easier for the the university to evaluate international mobilities in the departments. Take advantage of the information on international mobility at [www.go.thm.de/outgoing](http://www.go.thm.de/outgoing). The International Office strongly recommends a Learning Agreement.

image  
(voluntary)

### 1. Personal Data

Last name: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

(German) Semester address (incl. Tel.-Nr.): \_\_\_\_\_

\_\_\_\_\_

(permanent) Home address (incl. Tel.-Nr.): \_\_\_\_\_

Email: \_\_\_\_\_

### 2. Information on the Stay Abroad

- Purpose of the stay:
- Semester abroad (voluntary / obligatory)
  - Internship (voluntary / obligatory)
  - Thesis (Bachelor / Master)
  - Participation in a field trip
  - Summer School / Block seminar
  - Double Degree

International coordinator/ advisor THM: \_\_\_\_\_

Hostuniversity/ -employer (Name, Tel, Email) / Destination of field trip :

\_\_\_\_\_

Field of Activity for internship / Department at Host university / Topic of field trip:

\_\_\_\_\_

\_\_\_\_\_

Travel Destination, City, Country:

\_\_\_\_\_

Semester of stay abroad:  WS 20\_\_ / \_\_\_\_  SoSe 20\_\_

Time period: from \_\_\_\_\_ to \_\_\_\_\_

### 3. Information on the study programme at the THM

Department and subject: \_\_\_\_\_

Study focus: \_\_\_\_\_

Immatriculation-Nr \_\_\_\_\_

Current Number of Semesters: \_\_\_\_\_

Have you already completed a period abroad as part of your studies?

No  Yes. When, where, why? \_\_\_\_\_

### 4. Comments

Please note that the THM does not cover any insurance for your stay abroad. You should arrange your own insurance cover (health insurance, accident insurance, repatriation, private liability, others as required). If necessary, use the group insurance offered by the DAAD.

BAföG-recipient or recipient of other funding?

No  Yes, Programme/ Foundation: \_\_\_\_\_

I plan to apply for

Semester ticket refund for WS / SoSe 20\_\_ / 20\_\_ (possible via ASTA up to four weeks after the start of lectures at THM).

I am applying / have applied for funding for the duration of my stay abroad at / to (information at <https://www.thm.de/site/international>)

Auslands-BAföG

DAAD (Annual scholarship, HAW.International, other Programmes: \_\_\_\_\_)

Fulbright (Scholarship USA, Travel scholarship, Summer School)

ERASMUS PLACEMENTS (scholarship for internships in Europe)

PROMOS

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name (Print)

We wish you every success for your time abroad and a healthy return home.

The team of the THM International Office