Faculty of Medicine
Office of the Dean

University of Hamburg
Faculty of Medicine

Office of the Dean
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Contact:
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incoming-students@uke.de
www.uke.de

Freemover guest stay for refugee students

Application Form for Incomings (Medicine)

Academic year of guest stay:	
First name(s):	
Last name(s):	
Current year of medical degree:	
Duration of guest stay:	○ full academic year (recommended) ○ winter semester ○ summer semester

Home or previous university

Name of home/previous university:	
Departmental Coordinator:	
E-mail Departmental Coordinator:	
Date	Coordinator's signature (not mandatory)

Student personal data

Date of birth (DD/MM/YYYY):	
Citizenship:	
E-mail:	
Phone:	
Permanent address in Germany:	
Type of refugee status: (e.g. §24 AufenthG)	
Proficiency in German: (CEFR level A1-C2)	
Date	Student's signature

Do you have special needs? If yes, please contact incoming-students@uke.de.

Please enclose to this application form:

- ○ 1. Motivation letter
- ○ 2. Curriculum vitae
- ○ 3. Transcript of records/certificate confirming your past 3 years of medical studies
- ○ 4. Enrolment certificate
- ○ 5. Copy of your passport
- ○ 6. Proof of German proficiency
- ○ 7. Proof of your refugee status in Germany (e.g. residence permit)
- ○ 8. Module choice form
- ○ 9. Application form for student residence hall (only if you would like to stay there)