

APPLICATION 2018/19

INFORMATION REGARDING THE APPLICANT

Last Name	First Name(s)	
Street		
Address Suffix		
City	ZIP	
Country	Nationality	
Phone No.	E-Mail Address	
Date of Birth (DD/MM/YYYY)	City of Birth	
Skype Name (if available)	Mother Tongue(s)	
Passport No.	Valid until	
Gender	<input type="checkbox"/> f <input type="checkbox"/> m	Special Needs* <input type="checkbox"/> yes <input type="checkbox"/> no
Marital Status*	<input type="checkbox"/> single <input type="checkbox"/> married	Children* <input type="checkbox"/> yes <input type="checkbox"/> no

**These fields are optional and serve to help us with the organization process in order to better accommodate your needs.*

TYPE OF APPLICATION

Have you already received an Erasmus Mundus Scholarship?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you apply for other Erasmus Mundus programmes? Note: You cannot apply for more than 3 programmes.	<input type="checkbox"/> no <input type="checkbox"/> yes, the following:
If I do not receive a scholarship, I intend to study the Erasmus Mundus Joint Master Degree at my own expense. In this case, I am entitled to all advantages of Erasmus Mundus provided by the EMJMD consortium, and I will be assigned the study location of my first choice.	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you apply as a citizen of...	
<input type="checkbox"/> ...a programme country (EU member countries + Iceland, Liechtenstein, Macedonia, Norway and Turkey)	<input type="checkbox"/> ...a partner country (Non-EU countries with the exception of Turkey, Macedonia, Norway, Liechtenstein and Iceland) Note: If you have carried out your main activity (studies, training or work) for more than a total of 12 months over the last five years in any programme country, you are considered as programme country student.

At which university do you want to begin your studies? Name three priorities of the home university.

Priority 1	Priority 2	Priority 3

Please note that you cannot elect Budapest as your home university in 2018.

STUDIES / LANGUAGE SKILLS

Degree of Higher Education Institution (if more than one: name the one which best corresponds to lexicography)	Subject: _____ Final Grade: _____ Please provide the best possible grade of your national grading system: If you do not have your final grade yet: <input type="checkbox"/> I assure that I will have successfully graduated by the begin of the EMLex master's course.									
Language Skills German and English	<input type="checkbox"/> I assure that my English and German skills do at least correspond to a level of B1/B2 according to the requirements explained on the EMJMD-EMLex website .									
Further Foreign Languages	Note: Please name your level according to the Common European Framework of Reference . <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">1.</td> <td style="width: 40%;">Level:</td> </tr> <tr> <td>2.</td> <td>Level:</td> </tr> <tr> <td>3.</td> <td>Level:</td> </tr> <tr> <td>4.</td> <td>Level:</td> </tr> </table>		1.	Level:	2.	Level:	3.	Level:	4.	Level:
1.	Level:									
2.	Level:									
3.	Level:									
4.	Level:									

CV

Please name all universities which you have attended after graduating from secondary school:

From - To (MM/YYYY - MM/YYYY)	Name of University, Country	Subject / Course	Degree (B.A., B.Sc.,...)	Final Grade

Here, you have the possibility to list all scientific publications, lectures or special qualifications which might be relevant for the lexicography programme (please include certificates/publications in your application in a PDF format):

1.
2.
3.
4.
5.

Please list your work experience (including work training):

From - To (MM/YYYY - MM/YYYY)	Name and location of the employer	Type (training, internship, regular job)	Title

OTHER

How did you hear about the EMLex master course?

- Internet:
 Teacher/University:
 Other:

NOTES / ADDITIONAL INFORMATION

DECLARATION AND SIGNATURE

I confirm that I filled in this form truthfully and to the best of my knowledge. I also confirm the authenticity of all documents handed in.

If I receive a scholarship on the basis of this application, I am aware that wrong or delusive information in my application leads to a withdrawal of the scholarship.

Signature
(not digital)

City, Date

Please sign this form and send it together with all documents listed on the website to:
emlex-erasmusmundus@fau.de

Privacy Policy: We will not disclose your personal data or any other personal data provided by you to us to any third party.