

# Exchange Programme Application (non-Erasmus)

Ed. Dez. 15

<b>INCOMING</b>	Home University	.....
	Application for	<input type="checkbox"/> Fall Semester 20..... <input type="checkbox"/> Spring Semester 20.....

Please fill out this form in block capitals and return a scanned copy with all necessary documents and signatures to [mobilitaet@unilu.ch](mailto:mobilitaet@unilu.ch) (incomplete applications will not be accepted)

University of Lucerne / Mobility office / Frohburgstrasse 3 / P.O. Box 4466 / CH-6002 Lucerne / Phone +41 41 229 50 65

1 Personal Information	
Title	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
Last Name	
First Name	
Street and Number ( <b>Residence</b> )	
Zip/Postal code	
City	
Phone number (cell; <b>incl. country code</b> )	
Phone number in emergency (parents, <b>incl. country code</b> )	
E-Mail	
Date of Birth	
Nationality	
Native tongue	

2 Home University	
Current program of study	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD (or other)
Faculty / Subject of study	.....
Number of completed semesters (current)	.....
Estimated date for completion of studies	.....
Responsible student advisor at home university	.....
Responsible contact person at mobility office	.....

3 Educational Background					
Please list the official names of all colleges, universities, and other postsecondary institutions attended:					
Dates	School/University	Location	Course of Studies	Degree Awarded	Date of Completion

4 Employment History		
<p>A class benefits from its diversity, including the previous professional affiliations of its members. Please list up to four professional positions you have held in the past, that you consider important for your career development (<i>completion of this section is strictly voluntary</i>).</p>		
Dates	Employer	Position/ Responsibilities

5 University of Lucerne				
Registered for the program of study	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master	<input type="checkbox"/> PhD (or other)	
Registered academic subject	.....			
German knowledge	<input type="checkbox"/> fluent	<input type="checkbox"/> good	<input type="checkbox"/> basic	<input type="checkbox"/> no command
English knowledge	<input type="checkbox"/> fluent	<input type="checkbox"/> good	<input type="checkbox"/> basic	<input type="checkbox"/> no command
Others .....	<input type="checkbox"/> fluent	<input type="checkbox"/> good	<input type="checkbox"/> basic	<input type="checkbox"/> no command

6 Study programme/Learning Agreement
<p>During my mobility studies at the University of Lucerne I will participate in <b>at least two courses and take the exams for these courses</b>.</p> <p>I will select my courses upon arrival in Lucerne at the latest, in cooperation with the guidance counselors of the respective faculty of the University of Lucerne and I will subsequently inform the contact person at my home university of my selected courses (per our Learning Agreement).</p>

7 Intensive Language Course
<p>I am interested in visiting the pre-semester intensive language course „German Short Course“. I have taken note of the enclosed course details.</p> <p>I will apply with the separate application form: <input type="checkbox"/> yes <input type="checkbox"/> no</p>

8 Student Accommodation at the University of Lucerne
<p>I am interested in renting student accommodation. I take note that student accommodation cannot be guaranteed to all exchange students; non-German speaking students have priority of reservation.</p> <p><b>To obtain student accommodation at the University of Lucerne, private liability insurance is compulsory. I have this clarified with a liability insurance at home.</b></p> <p>I will apply with a separate application form and a copy of my valid private liability insurance is enclosed: <input type="checkbox"/> yes <input type="checkbox"/> no</p>

**9 Important Information**

I filled out this form truthfully and completely (this information will only be used by and for the University of Lucerne).  
**I accept, that this application is invalid without the submission of the following documents:**

**General**

- Copy of ID or Passport
- Copy of a valid home university identification card

**Health Insurance > please clarify this first with your insurance company at home!**

- Copy of a private health Insurance policy (the insurance coverage must be valid during your stay in Switzerland)
- Copy of the AHV-form "Foreign insurer's confirmation"
- Copy of the AHV-form "Application for release from insurance obligation pursuant to KVG"

**or**

- I agree to take out a health insurance policy according to the Swiss Federal Act on Insurance Contracts (KVG) after my arrival in Lucerne and I am aware that this insurance maybe is also expensive.

**Private Liability Insurance**

- Copy of your private liability insurance if you will rent an accommodation from the University of Lucerne

I agree that the University of Lucerne can pass on my e-mail address to students in Switzerland or abroad who have expressed an interest in the mobility program at the University of Lucerne and would like more information on the mobility program and/or the university.

Date

Signature, Mobility Student

Date

and Signature/Stamp of Home University Contact Person