

APPLICATION FOR INTERNATIONAL BUSINESS MANAGEMENT M. SC.



HOCHSCHULE MAINZ
UNIVERSITY OF
APPLIED SCIENCES

To
Hochschule Mainz
University of Applied Sciences
Prof. Dr. Claudia Hensel
Lucy-Hillebrand-Straße 2
55128 Mainz

Incomplete applications will not be enrolled!
* will be filled in by the head of degree program

Applicant number*:
Matriculation number from previous studies at Mainz University of Applied Sciences:

A Personal details	
Surname	First name(s)
Name at birth	Place of birth
Date of birth	1st nationality
	2nd nationality

Address and contact details und Kontaktdaten	
Street/no.	Addition (e.g. for Meier)
Zip/City	Telephone-no.
E-mail-address	

University entrance qualification - HZB			
(Please enter all higher education entrance qualifications that allow access to the German higher education system).			
	1. HZB	2. HZB	3. HZB
Type of HZB			
Grade of HZB			
Date of HZB			
HZB in Germany or abroad			
Place of HZB			
District in which the HZB was obtained			

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Completed military or civilian service Yes / No

Health insurance

Information on this can be found on our homepage at

<https://www.hs-mainz.de/studium/im-studium/immatrikulation-rueckmeldung-und-exmatrikulation/smv/>

N = Nicht versicherungspflichtig P = pflichtversichert

Practical work experience prior to commencing studies – completed vocational training and internships or traineeships that were completed with regard to the current degree program!

If vocational training completed	Month	Month and year of vocational Vocational qualification	(MM.YYYY)
If an internship, traineeship or voluntary work completed	Month	If other practical work experience	Month
		Total	Month

B Please fill in the following fields regarding your previous studies!

B1 Enrollment in Germany

If your first enrollment was at a German university, please provide the following information:

First enrollment in Germany	Name of university, city	
Semester of first enrollment	Summer semester (year):	Winter semester (year):

Please list below all degree programs in which you have been enrolled in Germany to date.
If there are more than 2 degree programs, please attach a separate enrollment form.

	Degree Program 1	Degree Program 2
Degree Program		
First semester of this degree program (month and year)		
Last semester of this degree program (month and year)		
Name of the university		
University location		
Number of semesters completed		
Number of semesters on leave		
Degree sought/successfully obtained (Bachelor/Master/Magister etc.)		
Standard period of study		
Place and district of the intended Final examination in this degree program (e.g. HS Mainz = location: Mainz district of Mainz-Bingen)		

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Only to be filled in if you have already completed your studies:		
Date of the last final examination		
Overall grade		

University semesters in Germany:	Vacation semesters:	Internship semesters:
	College semesters:	Clinical semesters:
Interruption of studies: (Here you should only enter interruption semesters for the current program if you were already enrolled in this program).		Number of semesters:
Type of interruption:	(01 maternity protection/parenting, 02 childcare, 03 other family reasons, 04 internship, 05 stay abroad, 06 voluntary service, 07 employment, 08 illness)	

Study-related stays abroad for your above-mentioned courses of study					
State	Month	Start date from (month/year)	End date to (month/year)	Type of stay	Mobility program: EU program (EU-funded, e.g. Erasmus) Other international/national program No program, self-organized

B2 Enrollment abroad

If your first enrollment was not at a German university, please provide the following information:

First enrollment abroad	Name of university, location				
Semester of first enrollment	Summer semester	(year)	Winter semester	(year)	
Semester of last first enrollment	Summer semester	(year)	Winter semester	(year)	
State in which the final examination was sought					

C Confirmation of correctness

I hereby confirm that the information provided is correct. Incomplete applications cannot be processed. Incorrect, inaccurate or incomplete data may result in the revocation of enrollment. I will notify any changes in my address or change of health insurance company during my studies immediately.		
Place:	Date:	Signature: