

## SCOPH Application Form - Checklist

This checklist must be uploaded together with the other documents for the application

**Name:** \_\_\_\_\_ **Faculty:** \_\_\_\_\_

**Application Points:** \_\_\_\_\_

### Preferred Projects

1. Preference: \_\_\_\_\_ Duration: \_\_\_\_\_ - \_\_\_\_\_

2. Preference: \_\_\_\_\_ Duration: \_\_\_\_\_ - \_\_\_\_\_

3. Preference: \_\_\_\_\_ Duration: \_\_\_\_\_ - \_\_\_\_\_

**Language Skills** (besides English).: \_\_\_\_\_

**Former Applications:**  My last application was in 20 \_\_\_\_\_ for \_\_\_\_\_

I had to cancel the exchange.

I wasn't accepted by bvmd.

The exchange was canceled by bvmd

I never applied for an exchange before.

### Documents to be shown in original

Bvmd application point form

Proof of payment of 80- € application fee

Proof of Enrollment (has to be up to date at the time of the exchange)

Letter of Motivation for the first preference in English

Photo

Language certificate in English (mandatory)

Language certificate in the national language (optional)

(CAUTION: Some countries require national language skills! Check Exchange Conditions)

If necessary: bvmd accommodation document

Signed Exchange Conditions of bvmd

**I hereby confirm that the student mentioned above fulfills the bvmd intern requirements for an application for the public health exchange program SCOPH. I checked all the documents marked above as well as the application points for correctness and completeness.**

\_\_\_\_\_  
Local committee (LC), Date

\_\_\_\_\_  
Signature and stamp of LEO/LORE

 Auswärtiges Amt

**DAAD** Deutscher Akademischer Austausch Dienst  
German Academic Exchange Service

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aus Mitteln des Auswärtigen Amtes