**Request to attend a non-partner university for study abroad**

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| **PART I: To be completed by student on the computer** |

*Please complete this form using the computer. Sign and submit it to* [*international@munich-business-school.de*](mailto:international@munich-business-school.de)

**Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name: |  |  | Last name: |  |
| Email: |  |  | Phone number: |  |

**Academic Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| BA International Business  MA International Business  MA Sports Business and Communication  MA International Marketing & Brand Management  MA Innovation & Entrepreneurship | |  |  | | --- | --- | |  |  | | Current MBS NC/GPA: |  | | TOEFL/IELTS score: |  | |

**Information about the foreign university you would like to enroll in for your term abroad:**

|  |  |  |
| --- | --- | --- |
| Name of foreign university & country: |  |  |
| Website showing visiting student program: |  |  |
| Contact information of student coordinator**:** |  |  |

**Please answer ALL of the following questions:**

|  |  |  |  |
| --- | --- | --- | --- |
| Does university accept short-term visiting students? | |  | Yes  No  Not sure |
| Do you fulfill its academic and language requirements? | |  | Yes  No  Not sure |
| Do they offer the courses you need to transfer back to MBS? | |  | Yes  No  Not sure |
|  | | | |
| Why would you like to attend this university? |  | | |
|  |  | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Signature\*: |  |  | |
| Date (Day/Month/Year): |  | /      / |

*\*Note: We prefer that you upload your signature digitally as a jpeg or tiff format. To insert the signature, double click on the inner frame of the signature box.*

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| **PART II: To be completed by MBS** |

**International Center:**

|  |  |  |
| --- | --- | --- |
| The request is: |  | Approved  Approved with reservations  Not approved \* |
|  |  | *\*If not approved, explain :* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature\*: |  |  | | | | |
|  | | |  |  | |
| Date (Day/Month/Year): |  | /      / | | |

**Academic Program Director:**

|  |  |  |
| --- | --- | --- |
| The request is: |  | Approved  Approved with reservations  Not approved \* |
|  |  | *\*If not approved, explain:* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature\*: |  |  | | | | |
|  | | |  |  | |
| Date (Day/Month/Year): |  | **/      /** | | |

Note: Document will be returned to student as PDF with MBS decision and signatures.