**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*

**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 |

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| Current MBS NC/GPA:  |        |
| TOEFL/IELTS score:  |        |

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**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.