

Master of Science in Information Technology

STUDENT APPLICATION FORM

for 2nd and 3rd Semester only!

(Please follow application deadlines mentioned in the application instruction.)

Post-deadline applications will be accepted if places are available.

I request **admission**

for the 2nd semester (Summer Term) 20.....

for the 3rd semester (Winter Term) 20.....

- ☐ I terminated the 1st semester (Winter Term 20.....) at
☐ I terminated the 2nd semester (Summer Term 20.....) at

- ☐ Halmstad University Credits obtained:
☐ Wroclaw UT Credits obtained:

STUDENT'S PERSONAL DATA

Family name:.....
.....

Current address is valid until:

Tel.:

First name (s):
.....
.....

Email:

Sex: male () female ()

Permanent address (if different):

Date of birth:

Place of Birth:

Tel.:

Nationality:.....

Email:.....

Current address:
.....
.....
.....
.....

ADMISSION REQUIREMENTS

1. School Certificate:

☐ Higher Secondary School Leaving Certificate awarded on: ____/____/____

2. First Degree of minimum 8 semesters obtained with a

- ☐ Bachelor`s degree in
 - ☐ Electrical Engineering
 - ☐ Computer Science
 - ☐ Mechatronics
 - ☐ Information Technology
 - ☐ other: _____
 - ☐ final exam grade: _____

The documents required along with the application form:

- 1) Bachelor`s degree certificate including all transcripts
- 2) English language proficiency documentation as per the application instruction requirements
- 3) English motivation letter including information about the specific talents and interests that explain the applicant's motivation to apply for this particular Master's degree program at Ostwestfalen-Lippe University of Applied Sciences and about the applicant's reasons for identification with the vocational field of information technology.
- 4) Preliminary transcript or documentation about obtained ECTS from Halmstad or Wroclaw

Only ***certified*** copies with translations in English are accepted and need to be sent by separate mail using this application form addressed to:

Hochschule Ostwestfalen – Lippe
International Office
Kerstin Rosemann
Liebigstr. 87
32657 Lemgo
Deutschland

.....
(place)

.....
(date)

.....
(signature)