

**Application form
Buddy Program**

**Brandenburg Medical School
Theodor Fontane**

International Students

International Office
Fehrbelliner Straße 38
16816 Neuruppin

international@mhb-fontane.de

Personal Information

| | |
|------------------------|---|
| Name | |
| Surname | |
| Nationality | |
| Birthday | |
| Field of Study | |
| Home university | |
| Sex | <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> others |
| E-Mail | |
| Language skills | |

Preferences regarding the MHB-Buddy

| | |
|------------------------|--|
| Sex | <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> both okay |
| Language skills | |

I will arrive on the (date)

| |
|--|
| |
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Hereby I confirm that I will participate in the international buddy program of the university of MHB. I also agree that my personal information (e-mail address), as stated here, is given to my future buddy. The personal information will not be disclosed for any other purposes.

Date, Place

Signature