

**MARIHE Application Form**

for participation in MARIHE Programme as **an Erasmus+ Scholarship Holder** AND /OR **self-funded student** (student intake in October 2025).

*Please fill in the form, print it, then sign and date it by hand. Afterwards scan the paper and use for your electronic application in PDF format (upload it as application document no. 1).*

*More information:* [*www.marihe.eu*](http://www.marihe.eu) *Please note the MARIHE Guideline for Applicants.*

*Do not change or modify the template in any way! Click on the fields on the right to enter text or chose an option.*

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| **Last (family) Name** | Click here to enter text. |
| **First Name** |  Click here to enter text. |
| **Middle Name(s)** (if applicable) | Click here to enter text. |

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| **Date of Birth** (dd/mm/yyyy) | Click here to enter text. |
| **Nationality of** (as in passport) | Click here to enter text. |
| **Location of Residency at time of application**(Please name **country and city**. In case city is quite small, also name nearest bigger city.) | Click here to enter text. |

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| **First University Degree**  | *“First University Degree” is defined as degree of* ***at least three years in duration*** *(in most cases a Bachelor degree). If you hold more than one bachelor, please choose only one. Other degrees (e.g. Master degrees) can be noted below.* |
| **Subject** | Click here to enter text. |
| **Type of Degree** (e.g. Bachelor of Arts) | Click here to enter text. |
| **University** (Name in English) | Click here to enter text. |
| **Country and Address** of University | Click here to enter text. |
| **Website** of University (link) | Click here to enter text. |

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| **I wish to apply as:**(cf*.* [Student Participation Costs - Marihe - Master in Research and Innovation in Higher Education](http://www.marihe.eu/costs-and-funding/student-participation-costs)) | Choose one option. |

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| **If my application for an Erasmus Mundus scholarship is not successful, I also wish to apply as self-funded student:***N.B.: Your (additional) application as a self-funded student does in no way influence your application as a scholarship holder. Cf.* *Guideline for Applicants*. | Choose one option. |

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| **Other University Degree(s)** | Please state the type of degree (e.g. Master of Science), subject, university and country. |
| **Other degree** (if applicable) | Click here to enter text. |
| **Other degree** (if applicable) | Click here to enter text. |
| **Other degree** (if applicable) | Click here to enter text. |

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| **I think the following specialization fits me best in the Specialization in Asia (3rd semester):** (cf. *MARIHE Guideline for Applicants*) | *Please note that for practical reasons the final decision on allocating a student to a specialization lies within MARIHE Consortium and will happen during the first semester. Your choice on this form is NOT binding.* |
| My 1st fit: | Choose one option. |
| **I think the following specializations fit me best in the Specialization in Europe (3rd semester):** (cf. *MARIHE Guideline for Applicants*) | *Please note that for practical reasons the final decision on allocating a student to a specialization lies within MARIHE Consortium and will happen during the first semester. Your choice on this form is NOT binding.* |
| My 1st fit: | Choose one option. |
| My 2nd fit: | Choose one option. |
| **I think the following specializations fit me best for my Master’s Thesis (4th semester):** (cf. *MARIHE Guideline for Applicants*) | *Please note that for practical reasons the final decision on allocating a student to a specialization lies within MARIHE Consortium and will happen during the first semester. Your choice on this form is NOT binding.* |
| **My 1st fit:** | Choose one option. |
| **My 2nd fit:** | Choose one option. |

**Declaration of Honour**

I, the undersigned, hereby declare that I have read all application instructions on [www.marihe.eu](http://www.marihe.eu), respectively the *MARIHE Guideline for Applicants*, and that the information I have provided is true and complete. I understand that for the purpose of student selection my application documents will be made accessible to MARIHE Consortium Partners and to reviewers appointed by the consortium. I further understand that any misrepresentation in my application documents may be a cause for cancellation of my admission to MARIHE programme. I accept that the submission of this application in no way guarantees my right to participate in the MARIHE programme.

I accept that Students who have already obtained an EMJMD/EMJM scholarship or an Erasmus Mundus Master Course/Joint Doctorate scholarship are not eligible to apply for an additional scholarship under the EMJMD/EMJM action. I also understand that EMJMD/EMJM scholarship holders cannot benefit from another EU funded scholarship scheme to follow the same EMJMD/EMJM course and this for the entire period of the course. I understand that EMJMD/EMJM scholarship holders cannot at the same time be beneficiaries of a grant for student or staff mobility in the framework of other higher education programmes funded by the EU budget, and vice versa.

I agree that in case of my selection, my personal data may be sent to the EACEA and may be used by other bodies involved in the management of Erasmus+ (i.e. European Commission, Erasmus+ National Structures, EU Delegations, Erasmus Mundus Student and Alumni Association) in order to facilitate my participation in the MARIHE programme, that my name and nationality may be published as part of the list of selected candidates on the MARIHE website, that pictures taken of me during the programme may be used for dissemination activities for MARIHE and that my contact details may be communicated to other students and alumni of MARIHE.

*(The application form continues on page 3.)*

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**Declaration of Honour, cont.**

The European Education and Culture Executive Agency (EACEA), in the context of managing the Erasmus Mundus Joint Master Degrees, collects and processes the personal data of some of the candidates. In particular, certain data of the scholarship holders (students and scholars), non-scholarship holders and reserve list candidates is shared with the Agency through the EACEA Mobility Tool (EMT). I hereby acknowledge the [Privacy Policy](http://www.marihe.eu/privacy-policy) of MARIHE.

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| Last Name, First Name (repeat) | Click here to enter text. |
| Date **by hand** (dd/mm/yyyy) | Signature **by hand** (as in passport) |