



Application form for enrolment

<input type="radio"/> Winter semester 20__/20__ <input type="radio"/> Summer semester 20__ Study semester ____

1. Personal Details

Surname / Family name

--

First / Given name(s)

--

Sex

male

female

Place of birth

--

Date of birth (dd/mm/yy)

--	--	--	--	--	--

Nationality

--

2. Correspondence address

Street, House number

--

Postcode

--

City

--

Telefon

--

E-Mail

--

3. Home address

Street, House number

--

Postcode

--

City

--

Country

--

4. Doctorate

Faculty

<input type="checkbox"/>	Faculty of Medicine (117)
<input type="checkbox"/>	Faculty of Technology and Sciences (127)

5. Graduate school (Only for Graduate school students)

Contract valid from _____ until _____
 (Date: dd/mm/yy) (Date: dd/mm/yy)

Institute _____

7. Higher education entrance qualification

School leaving certificate (original name)	
Country	
Date (dd/mm/yy)	

8. Previous higher education in Germany

First semester in Germany	
Winter semester / Summer semester	
Name of institution	

9. Gained qualifications / degrees

Diploma (Date: dd/mm/yy)	
Bachelor's (Date: dd/mm/yy)	
Master's (Date: dd/mm/yy)	
Doctorate (Date: dd/mm/yy)	

I am currently enrolled at another University: yes no

I confirm that to the best of my knowledge and belief all the information I have given on this form is true, complete and accurate. I am aware that intentionally or negligently giving false information constitutes an administrative offence and may lead to the cancellation of my enrolment

Place, Date

Signature