REGISTRATION FORM for international students

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| INFORMATION ABOUT THE (PARTNER) UNIVERSITY |
| Name of the university: Type in your text |
| Address of the university: Type in your text |
| Family name, Given name of the contact person for our International Office:Type in your textEmail address: Type in your text |
| INFORMATION ABOUT THE STUDENT FROM THE (PARTNER) UNIVERSITY |
| Given name: Type in your text |
| Family name: Type in your text |
| Birth date, Place of birth: Type in your text |
| Email address: Type in your text |
| Degree programme: Type in your text |
| Semester: Type in your text |
| Student ID number, if available: Type in your text |
| Name or Number of the course in the EVHN-International study programme that the student would like to take: Type in your textFamily name, Given name of the lecturer: Type in your text |
| Name or Number of the course in the EVHN-International study programme that the student would like to take: Type in your textFamily name, Given name of the lecturer: Type in your text |
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| Name or Number of the course in the EVHN-International study programme that the student would like to take: Type in your textFamily name, Given name of the lecturer: Type in your text |

Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the contact person of the International Office

at the partner university \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_