

Application form for study permission
for the Winter Semester 20 / | Summer Semester 20

University of Siegen
Akademisches Auslandsamt
Unteres Schloss 1 / Postadresse: 57068 Siegen
Tel.: +49 271 740-3905 Fax: +49 271 740-9300
E-Mail: budig@aaa.uni-siegen.de

Personal Details

Family Name:

First Name:

Sex: male female

Date of birth:

Place of birth:

Nationality:

Photo

Korrespondenzadresse

Address:

Date:

Country:

Phone number:

Fax:

E-mail:

Resident Address

Address:

Country:

Phone number:

Fax:

E-mail:

Resident University

Name of the University:

Address:

Responsible Program Authority:

Phone number (with country code):

Fax (with country code):

E-Mail:

Curriculum Vitae

List your educational stages up to the date of filing your application

from - to	

Facts about your studies at the resident university

Field of study:

Intended degree:

Period of studies up to now:

Knowledge of German

spoken:

written:

Intended dates of study in Siegen:

From - to:

Demanded subject of study in Siegen:

Official certificate of Resident University

The person mentioned above will take part in the Exchange Program at the University of Siegen.

Year of study:

Course of study:

_____ (Date)

_____ (Signature of the responsible Coordinator)

_____ (Seal)

Statement of the student

I hereby confirm, that the given information is true and complete.

_____ (Date)

_____ (Signature)

Please send the form as soon as possible to:

**Universität Siegen
Akademisches Auslandsamt
D-57068 Siegen
Deutschland**

Attention: This is a PDF- document. Please use your computer to fill it out.