

– Personal Information Form –
Application for Admission to Exams in Faculty IV

Registration No.:

Last Name:

First Name(s):

Date of Birth:

Place/Country of Birth:

Nationality:

German:

☐

Other:

Gender:

Previous Education:

Planned Degree:

Degree Program:

Specialization:

Start Date of Studies in Faculty IV:

PO Version:

Semester Address

Street:

ZIP Code:

City:

Phone (Landline):

Phone (Cell):

Email:

Home Address

Street:

ZIP Code:

City:

Phone (Landline):

Phone (Cell):

Statement

I have already taken a comparable bachelor's, master's, or diploma program at a university and either did not pass it or was permanently dismissed from it

Yes

☐

No

☐

I am currently involved in another examination process

Yes

☐

No

☐

City, Date:

Digital Sign:

Attached to the application is:

• Curriculum vitae

Yes

☐

No

☐

• Copy of the high school diploma

Yes

☐

No

☐

• Photo (please insert into the field in the upper right corner)

Yes

☐

No

☐