

APPLICATION TO ATTEND BUA COURSES AT FREIE UNIVERSITÄT BERLIN

PERSONAL INFORMATION

Last name	_____	First name	_____
Date of birth	_____	Nationality	_____
Street / Building no.	_____	Add. address inf. (c/o)	_____
Postal code	_____	Town / City	_____
University email address	_____		

INFORMATION ON CURRENT UNIVERSITY ATTENDED

Main university/
partner institution _____

Current degree program

Bachelor's degree	Master's degree	State examination (Staatsexamen)	Doctoral degree
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Degree program _____

Semester of study _____

INFORMATION ON PARTICIPATION IN BUA COURSES AT FUB

I apply for participation in the module(s) listed below during:

Summer semester 20 Winter semester 20

Module / course name	Module / course no.	(TO BE COMPLETED BY BUA-OFFICE)		
		eligible to participate (yes/no)		date/signature BUA Office
		yes	no	
		yes	no	
		yes	no	
		yes	no	
		yes	no	

A certificate of enrollment for the semester in question is attached to this application (this must be submitted by the applicant with this form)

date/signature of applicant _____

FU student ID number (will be entered by BUA Office) _____

