UNIKASSEL VERSITÄT

- Studierendensekretariat-
Mºnchebergstr. 19
34109 Kassel

Date stamp of the institution:

Application for enrolment

SS 2018

Student ID Number:

Kindly leave this field blank unless you already have/have had a Student ID Number at the University of Kassel.

Notes on the bolded keywords can be found in the booklet.

1. Surname			
2. First Name			
3. Sex	Female ☐ Male ☐	**4. Date of Birth**	**5. Place of Birth**
6. Maiden Name		**7. Nationality**	
8. Postal Address: Street			**9. House Number**
10. Postal Code	**11. Place of Residence**		
13. Addition to the Address (c/o, Room Number)		**14. Email**	
15. Phone Number (Please divide the dialing code with a hyphen (-))			

16. Subject of study (according to your admission letter)	**17. Semester** (in general ñ1ñ)

!!!!Without proof of health insurance no enrolment!!!!
Please provide the document ñBescheinigung zur Vorlage bei der Hochschuleò available at your health insurance company in Germany (in general 2 pages). The insurance check card is not sufficient.

For more information please see: http://www.uni-kassel.de/uni/fileadmin/datas/uni/studium/Formulare/kvenglishneu.pdf

I hereby agree that my personal data may be forwarded to the account management of the ITS (IT Services Centre) of the University of Kassel. ITS will install a personal user ID in order to use the centralised and decentralised faculties of the University of Kassel. The use of the ID is permitted only in context of research and teaching.
The instructions of the user regulations *(Benutzungsordnung)* of the University of Kassel, the data regulations, copyright and licensing rights (text, image, sound) must be acknowledged and met. With my signature I accept that.

I assure,
- that my/ the given information are true and complete,
- I am not excluded from a study course at a university in Germany,
- that according to the examination regulations generally accepted at German universities I have not irrevocably failed in the discipline I applied for,
- that the references to legal basis for data protection has been noted (both printed in the booklet).

I am aware that incomplete applications will not be processed and false information lead to the exclusion from higher education.

Furthermore, I do agree that the address valid at the time of my graduation may be used for supporting the alumni data file. This statement is effective until revoked.

Date _____ Signature _____

Hilfestellungen zum Ausfüllen des Antrags und Hinweise zu den erforderlichen weiteren Unterlagen finden Sie auf den Webseiten der Universität Kassel: http://www.uni-kassel.de/go/sonderantrag-einschreibung