

(Leave blank - only to be filled in by the registration office!)

Eingangsstempel



Enrollment form

If you have been registered at University of Hildesheim already: please indicate your former student number.

For (please mark as appropriate)

- winter term 20__/___
- summer term 20__

Program: • Bachelor • Master

Application Number (as printed on your admission notice):

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In case you have statutory health insurance:

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Registration number of your health insurance:

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Your personal insurance number:

Please observe the following:

Please fill in this form in **block letters in a clear and readable** way; in order to indicate the corresponding key code, please use the key table attached.

If no existing key is appropriate, please write in plain language.

Please write only in the provided boxes, starting from the left; you may shorten entries in a reasonable way, if a box is too narrow.

Legal basis for the collection of data:

Enrollment regulations of University of Hildesheim and the law on statistics for universities (in its actual version). The registration office of the University of Hildesheim is responsible for ensuring compliance with the law of personal data in Lower Saxony (in its actual version).

1. Name

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2. Surname

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3. **Birth Name**

4. **Place of Birth**

5. **Date of Birth**

6. **Sex** (m = male, f = female)

7. **Nationality** Plain language:
 (Please enter the international license plate country code, see key table no. 9)

8. **Current place of residence: Home country** Germany (= I) or another country (= A)?
 If Germany, please indicate the state (see key table no. 8)
 If another country, please indicate its international license plate country code (see key table no. 9)

Current place of residence / Home address:

9. **Name of the street and street number**

10. **Post delivery options** (e.g. "care of Mr. / Ms....")

11. **Zip code**

12. **City**

13. **Phone (area code, call number)**

Semester address in Germany (if already known)

14. **Name of the street and street number**

15. **Post delivey options** (e.g. "care of Mr. / Ms....")

16. **Zip code**

17. **City**

18. **Semester Address is required to be in Germany (= I)**
 (Delivery outside Germany is not possible!)

19. **Please indicate the number of the license plate of your semester address** (see key table no. 8)

20. **Phone (area code, call number)**

21. **Postal deliveries should go the following:**

Current place of residence / Home address
or

Semester address in Germany

Course of Studies

21. Degree of the program you are enrolled in:

Master

22. Subject(s):

Type of program you are enrolled in (See Key Table Nr. 3):

Information about Higher Education Qualifications

24. Type of University Entrance Qualification (See Key Table Nr. 4):

25. Date of Graduation:

26. Grade Point Average (Score):

27. Where did you complete your university entrance qualification? Germany (= I) Other (= A):

28. Country where the qualification has been obtained:

Information about Vocational Training

29. Did you have any vocational training? (yes= y / no= n):

Information about First University

30. In which university have you been previously matriculated?

Country:

University:

29. First registered semester in university (for example WS 2003/2004, SS 2004):

Information about studies in summer semester 2018

Please name the university in which you were matriculated in during the summer semester 2018 (if not, skip)?

Country:

University:

30. Degree:

32. Type of program you are enrolled in (See Key Table Nr. 3)

33. Subject(s):

Information about COMPLETED studies:

34. In which university did you complete your **most recent** studies?

Country:

University:

35. Degree (for example Bachelor/Master):

36. Type of program you are enrolled in (See Key Table Nr. 3):

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37. Subject(s):

38. Date of graduation:

39. Grade Point Average (Score):

40. In which university did you complete your studies **previous to your most recent studies** ?

Country:

University:

41. Degree (for example Bachelor/Master):

42. Type of program you are enrolled in (See Key Table Nr. 3):

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43. Subject(s):

44. Date of graduation:

45. Grade Point Average (Score):

Information about INCOMPLETE studies

46. Have you been matriculated in a university in which you did **not** follow through on your studies?

Country:

University:

47. Degree (for example Bachelor/Master):

48. Type of program you are enrolled in (See Key Table Nr. 3):

49. Subject(s):

50. Number of semesters completed:

51. Where you also registered in another university in which you **did not** follow through on your studies?

Country:

Land:

52. Degree (for example Bachelor/Master):

53. Type of program you are enrolled in (See Key Table Nr. 3):

54. Subject(s):

55. Number of semesters completed:

Information about the number of semesters completed in Germany

56. How many semesters - in total - have you studies at a German university? (incl. Semester at the DDR, Leave of absence, etc)?

of which are

- Leave of absence:

- Practical Training semester (after the first inscription):

Information about studies ongoing (in parallel)

57. I am currently enrolled at another university and will be completing parallel studies at two universities:

yes no

Voluntary additional information:

In case of physical disability you can indicate here voluntarily that you cannot attend lectures without assistance. The university will endeavor to provide the necessary means within the possibilities given.

I am (please check)

- Blind/visually handicapped
- Deaf/hard of hearing
- Wheelchair user

You may contact Dr. Petra Sandhagen, our senate representative of handicapped students or students with chronic diseases; she can provide more information about studying with handicaps.

Phone: +49 5121 883-10968

E-Mail: sandhage@uni-hildesheim.de

Statutory Declaration

I apply for enrollment in accordance with the information provided in this form. I declare that all information provided is complete and correct. I am aware of the fact that false and incorrect statements intentionally given are illegal and – even if found out at a later point of time – enrollment will be cancelled. In addition, I assure that all information regarding prior degrees and study periods are correct.

At no point in time in my prior University studies I did finally fail in a program similar or closely related to the one I enroll in.

Place, Date

Signature

(Enrollment requires a **handwritten signature**. For underage students, the signature of a legal guardian is required.)