(Filled out by the department 1: Registrar's Office) Date of receipt Date edited / editor			e)	UNIVERSITÄT ERFURT
APPLICATION FOR (Application deadline: 31tl			ST STUDENT	Department1: Registrar's Office PF 900 221, 99105 Erfurt Phone: 0361 737 5100 Fax.: 0361 737 5109 E-Mail: studierendenangelegenheiten@un
for the winter semeste	r			erfurt.de
for the summer semes	ter			Office Hours:
				Mondays - Thursdays, 12.00 noon - 3.00 pm or by arrangement
Surname	Bir	th name		□ f □ m □ d Gender
First name		te of birth	Place of birth	Nationality
Street and number			Postal code	City
Phone number	E-N	/ail		
Matriculation number of U	IE (if available)			
I would like to attend th Note: Practical courses be		and sport cla	asses are not open for g	guest students.
Bachelor's/ Master's subject	Title of the lect	ure		Name of the lecturer(s)
l hereby apply for regis University of Erfurt dat	_	dent accord	ding to § 15 Immatri	kulationsordnung of the
_	is waived for refugee	es with a val		ransfer/cash deposit (please who submit their application
☐ transfer	\square cash			
Date	Sig	gnature gu	est student	
sulwww.uni-erfurt.de/Pub	licServices/Veranstaltun offered in English.	gsVerzeichnis These lectu	s/ ures will be publish	n the academic schedule https:// ned in a separate schedule. of participation.

The fee is to be transferred to the following bank account:

Recipient Universität Erfurt

IBAN DE22 8205 0000 3001 1112 71

BIC HELADEFF820

Bank name Landesbank Hessen-Thüringen (HELABA)
Intended use SUL Gast [your surname, first name]

*We will send the guest student card as soon as the guest student fee can be allocated. This is only possible within the university if you enter the above-mentioned intended use for payment in full when making the transfer. The processing time can take up to 2 weeks.

Stand: 10/2022