



Department 1.1. Students' Registration Office, Rubenowstraße 2, 17489 Greifswald  
☎ +49 3834 420 1291 / 📠 +49 3834 420 1290 ✉ [studsek@uni-greifswald.de](mailto:studsek@uni-greifswald.de)

## Application for Admission as a Guest Student at the University of Greifswald

The application for admission as a guest student should be **signed by the relevant lecturer** and submitted to the Students' Registration Office by 31 October at the latest for winter semester and 30 April at the latest for summer semester.  
Please note: as a general rule of principle, it is *not possible* to take part in any classes being held for the subjects *psychology, pharmacy, human medicine and dentistry*.

Surname, Given Name(s)		<input type="checkbox"/> female	<input type="checkbox"/> male	<input type="checkbox"/> miscellaneous/undetermined
Address				
Date of birth	<input type="text"/>	Place of birth	Nationality	
email:				

I request admission as a guest student for  winter semester 20\_\_ /  summer semester 20\_\_  
for the following classes:

Pos. no.	No. of class according to course timetable	Name of class/Institute/Department	Signature stamp/signature of the lecturer (approval of class attendance) <i>To be obtained by the applicant!</i>

Date	Signature of applicant (unsigned application forms are considered to have not been submitted)
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To be completed by the Students' Registration Office:

The application is granted:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Fee paid:	<input type="radio"/>	
Guest student certificate issued:	<input type="radio"/>	
By order _____	Date: _____	