



University of Greifswald

Department 1.1: Students' Registration Office
Rubenowstraße 2, 17489 Greifswald, +49 3834 420 1296

Notification of a Change of Address

Student ID Number:		Faculty:	
Surname:	First Name(s):		
Road, House No.			
Additional Information (e.g. landlord)			
Postal Code (PLZ)		Town:	
Car Number Plate Code for the Town		Telephone Number (optional)	
Greifswald, _____ (date)		Signature:	



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