The English translation of this form is intended solely as a convenience to non-German speakers. Only the German form is legally binding. We therefore kindly ask you to complete and sign the German form.



Department 1.1. Students' Registration Office, Rubenowstraße 2, 17489 Greifswald \implies +49 3834 420 1296 / \implies +49 3834 420 1290

	mission as a Visiting Student as of	1
1. Personal details	0	_!
Surname	Name at birth	
0:	D . (1:1)	
Given name(s)	Date of birth	
Place of birth	Nationality	
Gender:	Telephone No. (optional)	7,0)
miscellaneous undetermined	•	
Road name and house no		
Postal Code, Town:		
District:	Federal state:	
2. Details of Higher Education Entrance Qualification		g)
(if you have several HZBs, please only indicate the details of your first HZI	В)	
Type of HZB:	Year in which HZB was awarded	l: _ _
(e.g. Abitur Gymnasium)		111
Country in which the HZB was awarded: (I = Germany / A = abroad)	Registration plate code of the town in which (if abroad, international number plate country code)	n it was awarded: <u> </u>
3. Enrolment as full student		
Which university were you enrolled at first?		
	(exact designation and name of the university)	
Registration plate code _ _ _ of the university town: (if abroad, international registration plate country code)	What type of university was it? (see attachment - List of Codes No. 3)	
	How many semesters did you study at German higher education institutions in total?	
□ Summer semester □ □ □	(incl. semesters in the GDR, practical semesters, and se not including semesters at preparatory courses, at Gern abroad)	
□ Winter semester		
I am enrolled as a student in 🗖 winter semester/_ 🗖 su	ummer semester at:	
University:	Student ID no.	_ _
(please provide the exact	t designation)	
Town		
Degree course/ aspired degree		
Subject(s):		

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4. Only complete if you have already taken a final examination

Registration plate code of university town _	(if abroad, international registration plate country code):	
Type of final examination:	(plaintext)	
- Type of Illian oxumulation.	(plaintext)	
Subject(s)		
Date of examination Examination (Day) (Month) (Year) result	Overall mark	
5. Application for enrolment as a visiting student		
I am applying for enrolment as a visiting student at the Univers	ity of Greifswald for the following lectures/classes:	
Department/Institute/Subject discipline		
Degree course/Subject or Title of class		
Anticipated length of studies		
I have attached a valid enrolment certificate from the university that I am attending as a full student.		
 Town/Date	Signature	
Please take note of the important information below! Processing details		
1. Approval from subject discipline/department/institute at the University of Greifswald		
(to be obtained by applicant!)		
☐ approved		
not approved	-	
(short description of reasons)		
Date	Signature stamp/Signature of member of teaching staff	
2. Students' Registration Office		
permission granted		
permission refused		
(short description of reasons)	· ·	
Date	Member of administrative staff	

Important information:

Admission as a visiting student can only be granted if the application has been approved by the respective subject area or the member of teaching staff in charge of the class. Admission as a visiting student does not make the student a member of the university community at the University of Greifswald. The application is subject to the enrolment deadline for the respective semester. The visiting student certificate will only be issued following presentation of a transcript of records or <u>valid enrolment certificate</u>.

In accordance with the provisions of the respective study and licencing regulations, visiting students cannot take part in compulsory classes for professional qualifications in the degree courses **HUMAN MEDICINE**, **DENTISTRY and PHARMACY**.