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| --- | --- |
| Student Department |  |

**Request for a restricted authorisation to study**

Passport Photograph

 Albstadt-Sigmaringen University

 International Office

 Jakobstr. 6

 D – 72458 Albstadt, Germany

#####  [ ]  Summer semester

Application for

[ ]  **Winter semester**

**Please fill out all required fields electronically, then print the document and sign it on page 2.
Scan again to PDF to send it to the International Office of Albstadt-Sigmaringen University.**

Eingangsstempel

Studiengang

Matrikel-Nr.

**1. Personal Details**

Last name (as in passport)

First name (as in passport)

Date of birth

City and Country of birth

Nationality

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Staat

Sex:[ ]  female [ ]  male [ ]  diverse

Eingeschränkte Einschreibung ins

SS/WS :\_\_\_\_\_\_\_\_\_\_

Einstufungs-

semester: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum/Unterschrift IO

**2. Home address**

Please provide us with your FULL address details including the postal code.

Telephone number with Country code

E-mail

**3. Duration of study at your home university**

Home university

Contact person/ Supervisor

E-Mail Contact person/ Supervisor

Current Degree programme

Commencement of study

Expected end       (Day / Month / Year)

 **4. Purpose of the restricted authorisation** (internship, study semester, thesis, scholarship, etc.):

**5. Declaration / Information**

 ***I declare that***

1. I do not suffer from any illness that can endanger any other student or that prevents me from

 a normal course of study.

1. I agree that my personal information can be stored and processed according to Data Privacy Regulations.

***I have taken note that, according to § 60 Landeshochschulgesetz, foreign students who spend a***

***part of their time studying at a German university:***

* normally receive authorisation for a maximum of 2 semesters,
1. the restricted authorisation does not entitle the attainment of the first vocational certificate,
2. are not entitled to vote or be elected.

Bemerkungen AAA

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I affirm that the declaration is correct and complete.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature**

**Attach to request:**

 Recent transcript of records

 Curriculum Vitae

 1 Passport Photograph for student ID card

 Proof of German and/or English language competence

**At time of enrolment the following documents are required:**

 Evidence of citizenship and residence permit / -authorisation

 Evidence of a German approved health insurance

 Evidence of payment of semester subscriptions

*We assume no liability for posted original documents.*

**Please consider the following points:**

1. The request will only be processed when all necessary documents are complete and handed in by the due date!
2. Deadlines: Summer semester (SS): November 15th – Winter semester (WS): May 15th

Begin and end of SS approx. 15.3. (start of lectures) - approx. 17.7. (end of examinations)

Begin and end of WS approx. 1.10.(start of lectures) - approx. 15.2. (end of examinations)

*The above mentioned semester dates are subject to change!*

**Antrag auf eingeschränkte Zulassung zum**

###### Sommer-/Wintersemester \_\_\_\_\_\_\_

🞎 **genehmigt** 🞎 **nicht genehmigt**

Sigmaringen/Albstadt, \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Datum Rektor