



APPLICATION TO ATTEND BUA COURSES AT FREIE UNIVERSITÄT BERLIN

PERSONAL INFORMATION

Last name _____ First name _____
 Date of birth _____ Nationality _____
 Street / Building no. _____ Add. address inf. (c/o) _____
 Postal code _____ Town / City _____
 University email address _____

INFORMATION ON CURRENT UNIVERSITY ATTENDED

Main university/
partner institution _____
 Current degree program _____
 Bachelor's degree Master's degree State examination (Staatsexamen) Doctoral degree
 Degree program _____
 Semester of study _____

INFORMATION ON PARTICIPATION IN BUA COURSES AT FUB

I apply for participation in the BUA module(s) listed below during:

Summer semester 20 Winter semester 20

Module / course name	Module / course no.	(TO BE COMPLETED BY BUA-OFFICE)		
		ELIGIBLE TO PARTICIPATE (YES/NO)		DATE/SIGNATURE BUA OFFICE
		yes	no	
		yes	no	
		yes	no	
		yes	no	
		yes	no	

Date/Signature
of applicant