



REGISTRATION FORM

Personal Information

| | |
|---|-----------------------------|
| First name(s): | Last name(s): |
| Gender: | Date of birth (dd.MM.yyyy): |
| Place of birth: | Citizenship: |
| Passport number or ID card number (Please attach a copy): | |
| Contact in case of emergency (name, full address and phone number): | |

Current address and contact

| | |
|---------------------------|-----------------------|
| Street and street number: | Postal code and City: |
| Country: | Phone number: |
| Email address: | |

Academic Information

| | |
|---|---|
| Where did you obtain your High School Certificate? | When did you obtain your High School Certificate? |
| Level of Study: <input type="checkbox"/> BA level <input type="checkbox"/> MA level <input type="checkbox"/> PHD level (Doctorate) | |
| Subject of Study/ Major: | |
| Home University, City, and Country: | |
| Responsible contact person at the sending institution (e.g. ERASMUS+ coordinator): | |



Your Stay at UniBw M

| | |
|--|---------------------------|
| Intended period of stay: | |
| Start date of the mobility: | End Date of the mobility: |
| Intended reason for stay: <input type="checkbox"/> Studies <input type="checkbox"/> Thesis realization <input type="checkbox"/> Internship/traineeship <input type="checkbox"/> Other, please specify: | |
| Responsible professor or contact person at UniBw M: | |
| Source of financing: <input type="checkbox"/> ERASMUS+ scholarship <input type="checkbox"/> DAAD scholarship <input type="checkbox"/> Other, please specify: | |
| Do you have any special needs? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: | |

Today is (dd.MM.yyyy):

I want to participate in the [Buddy Program](#) at the University of the Bundeswehr Munich and therefore, I agree to the use and processing of my personal information in the framework of the international student buddy program.