

Student Data Sheet

Matriculation No.	
Family name	
First name(s)	
Street, house no./block no./floor/door no.	
Country code ZIP code —	Town
Living with (c/o)	Telephone No.

I hereby request the following change to my personal data:

Change of name

required proof: marriage certificate or document confirming change of name; original or notarized copy

from

to

Notification of the social security number:

Required proof: E-Card

Social security number	day	month	year

Change of citizenship

Required proof: Certificate of citizenship

from

to

I hereby request the following change to my study programme data:

Terminate the following degree programme:

Degree programme

Commence a master after completion of a bachelor's degr. in the same field of study:

I hereby acknowledge that the admission outside of the admission period may have consequences in terms of my legal rights, my eligibility for student grants and the payment of university fees.

Immediately upon completion

At the start of the next semester

Degree programme

Commence/continue a regular degree or non-degree programme or a university study programme:

Degree or study programme

Date and student's signature

Not to be completed by the student

AUR

Datum

Tag	Monat	Jahr

Zusatzprüfung

Änderung durchgeführt:

2	0						
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Bearbeitungs-
signatur