Hochschule Wismar Dez. II – Servicepoint Philipp-Müller-Str. 14 23966 Wismar



## Application for a guest study period

I hereby apply for admission as a guest student for the			
summer semester (year):		winter semester (year):	
for the courses listed below.			
Personal details			
Last name:		First name:	
Gender: □ female □ male □ non-binary		Nationality:	
Date of birth:		Place of birth:	
Street and house numbe	r:		
Postal code:		City:	
E-mail:		Telephone:	
Study program (include final degree)	Course (use exact wording from th	e study regulations)	Hours per week (to be filled in by the university)
Remarks:			
Location, Date Signature		gnature	