

Registration Form: Erasmus

Modul: BA-INF MA-INF

Title:

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Lecturer: _____

Semester: WS SS _____

This form has to be submitted to the lecturer during the following time periods:

	Summer term	Winter term
Registration for seminars, labs, project groups	April 10 to 30	October 10 to 31
Registration for lectures	May 10 to 31	November 10 to 30

Name: _____ Surname: _____

Adress: _____

Mailadress: Home University:

Bonn, _____
(Signature Student)

(information given only by lecturer)

Der oben genannte Studierende hat an den Übungen

mit Erfolg erfolglos

teilgenommen.

Bonn, den _____
(Unterschrift des Dozenten)