

General Studies Certificates

Registration

Date: _____

Surname, first name: _____

Semester address: _____
Street Zip code City

Phone: _____ **E-Mail:** _____

Home address: _____
Street Zip code City

Phone: _____

Date of birth: _____ **Place of birth:** _____

Student number: _____

Main study subject: _____ **Start of study (main):** _____

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