



**Application for admission as a secondary listener / guest student
at the University of Lübeck**

Name, first name _____

Address _____

Date of birth _____ Place of birth _____

Nationality _____

E-Mail-Adress _____

Previous education _____
(School-leaving certificate, exams)

Professional activity _____

Reason for the application
for admission _____

Admission for Bachelor's degree programme
 Master's degree programme

Application for the Summer semester 20_____
 Winter semester 20_____

Note: For the Study programme “Zweifach Mathematik Vermitteln” is only a certificate of enrolment from the Lübeck University of Music is required

(A lecturer's signature is not required for admission to examinations. Students can register for examinations themselves via QIS).

Module or examination number	Examination	Name of the examiner	Signature of the lecturer and stamp of the institute *)

*) This is to certify that participation in the lecture is possible.
 Registration for the examination must be applied for separately. Form under:
https://www2.uni-luebeck.de/fileadmin/media/uzl_ssc/pdf/Pruefungsanmeldung_Gasthoerer_afb.pdf

 Place / Date

 Signature of applicant

 Date / Signature SSC

 Matriculation number