



APPLICATION

FOR A **SHORT TERM STAY** AT UNIVERSITÄT REGENSBURG

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

DATE AND PLACE OF BIRTH: _____

NATIONALITY: _____

SUBJECT OF STUDY: _____

UNIVERSITY: _____

DATE AND GRADE OF BSC: _____

PLANNED DATE OF MSC: _____

PERIOD OF PLANNED STAY IN REGENSBURG: _____

CONTACT TO WORK GROUP / PROFESSOR IN REGENSBURG:
