



REGISTRATION FORM

Personal Information

First name(s):	Last name(s):
Gender:	Date of birth (mm.dd.yyyy):
Place of birth:	Citizenship:
Passport number or ID card number (Please attach a copy):	
Contact in case of emergency (name, full address and phone number):	

Current address and contact

Street and street number:	Postal code and City:
Country:	Phone number:
Email address:	

Academic Information

Level of Study: <input type="checkbox"/> BA level <input type="checkbox"/> MA level <input type="checkbox"/> PHD level (Doctorate)
Subject of Study/ Major:
Home University, City, and Country:
Responsible contact person at the sending institution (e.g. ERASMUS+ coordinator):



Your Stay at UniBw M

Intended period of stay:	
Start date of the mobility: (mm.dd.yyyy)	End Date of the mobility: (mm.dd.yyyy)
Intended reason for stay: <input type="checkbox"/> Studies <input type="checkbox"/> Thesis realization <input type="checkbox"/> Internship/traineeship <input type="checkbox"/> Other, please specify:	
If the reason for your stay is for studies : Where and when did you obtain your High School Certificate? (mm.dd.yyyy)	
Responsible professor or contact person at UniBw M:	
Source of financing: <input type="checkbox"/> ERASMUS+ scholarship <input type="checkbox"/> DAAD scholarship <input type="checkbox"/> Other, please specify:	
Do you have any special needs? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify:	

Today is (mm.dd.yyyy):

I want to participate in the [Buddy Program](#) at the University of the Bundeswehr Munich and therefore, I agree to the use and processing of my personal information in the framework of the international student buddy program.