

Application for extension of the exchange programme by a 3rd semester in accordance with § 15 of the enrolment regulations of the University of Vechta

Persönliche Angaben:

Registration No. _____

Name _____

First Name _____

Street, House No. _____

Postcode, Place _____

Phone No.: _____

Email _____

Reasons for the application:

Please outline the academic reasons for your application for extending exchange studies at the University of Vechta to three semesters:

Please name a lecturer at the University of Vechta whom we can contact with regard to your academic reasons for extending your stay at the University of Vechta..

Name, first name, title/degree: _____

Faculty, academic subject _____

Place,
date _____

Signature
of the applicant _____

Please submit the form to the Admissions Office or at the Service Point in the R building or drop it in the post office box 15 in front of lecture hall B1 or send it digitally signed by email to immatrikulationsamt.incomings@uni-vechta.de.