

## **International Office**

Universität Vechta - International Office - Driverstraße 22 - 49377 Vechta

## Registration Form Certificate of Intercultural Competence

## **Personal details**

Surname*:	First Name*:	
Nationality:	Birthdate*: (DD/MM/YY)	
Adress:		
Phone Number:		
E-Mail*:		

## **Details of your Studies**

matriculation number*:	Subject semester*:	
Study programme:		
Likely graduation date (year):		

Universitä	it Vechta			
l am.	ity of vecto			
	a degree-seeking student at the University of Vechta			
	an international exchange student			
Detai	ls for international exchai	nge students		
Home University				
Home Country				
Study programme at the home university				
* requir	red fields.			
	have read and accept the information on data protection (see below) *.			
	Note: Registration and participation in processing of the data is not given or i	the ZIK programme is not possible if the consent to the collection and s withdrawn.		
Informa	tion on data protection:			
		ity of Vechta can be found at <a href="www.uni-vechta.de/datenschutz">www.uni-vechta.de/datenschutz</a> . In the well be collected and stored in order to process your registration.		

Place, date

signature