

(please use capital/block letters ONLY! Thank you)

Name: _____

Surname: _____

Matriculation No./Student ID No: _____

Course Name: _____

Course Number: _____

Name of Teacher/Professor: _____

I herewith agree to admit the above mentioned student to participate in my Class/Course.

Date, Signature of Teacher / Professor

Deadline for the submission of this form is the end of the registration period of the current TERM!

This form does not meet a claim to receive the Course automatically. The final decision lays at the Administration of the Department.

Please return the signed form to the course administration BIB – N.Biehl using the letter box between Room 310 and 309!
