

Universität des Saarlandes

Studierendensekretariat
Campus A4 2, Erdgeschoss
Postfach 15 11 50, 66041 Saarbrücken

Application to register as a guest student (*Gasthörer* status)

Opening hours:

Mon.-Thurs. 1:30 p.m. – 3:30 p.m.
Fri. 10:00 a.m. – 11:30 a.m.

Summer semester (1 April – 30 Sept.)

Winter semester (1 Oct. – 31 March)

I hereby apply to register as a guest student at Saarland University (*Gasthörer*) on the basis of the information provided in this application. The required documents are enclosed.

1. Have you ever been registered previously as a guest student [*Gasthörer*] at Saarland University?
 No Yes. If yes: I was last registered in summer semester winter semester of (year) _ _ _ _.
2. Student registration number [*Matrikelnummer*]
3. Surname _____
4. Affix, title etc. _____
(e.g. von, van, Dr.)
5. Maiden name _____
6. First name _____
7. Gender male female
8. Date of birth _____ (DD.MM.YYYY, e.g. 27.09.1975)
9. Place of birth _____
10. Nationality German and/or other _____
11. Address:
Address line 1: _____
Address line 2: _____
Post code: _____
Town/City: _____
Country _____
(if you are not resident in Germany)
Phone number (including area code) / E-mail address: _____ / _____
12. Highest academic qualification achieved by applicant: _ _
University degree: 81; Secondary school (qualified to enter higher education): 82;
Secondary school (mid-level qualification): 83; Secondary school (lowest-level qualification): 84

The supplementary sheet listing the lectures, seminars or courses I wish to attend is included.

Are there grounds for rejecting the application based on the regulations governing student enrolment/registration?
(e.g. illness or disease that could seriously affect the health of other students)

No Yes. If yes, please provide precise details on a supplementary sheet.

I hereby declare that the information that I have provided in this application is complete and correct. I am aware that failure to provide complete and correct information could result in my application being rejected.

Place

Date

Signature

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No. of lecture / seminar / course as stated in the course catalogue	Name of lecturer or course supervisor	No. of hours per week	Title of lecture / seminar / course	Consent of lecturer or course supervisor

Please also complete the reverse side of this form.

Have you graduated from a German university?

- No Yes. If yes, please specify:
(Please state your degree qualification exactly and your area of study)

The standard period of study for this particular academic degree programme was semesters
I was enrolled as a student from until

To register as a guest student at Saarland University, you will require:

1. A **bank transfer slip**¹ confirming payment of either **€76.30** (comprising the tuition fee for guest students of €75 and a student insurance contribution of €1.30), or **€101.30** (the tuition fee for guest students of €100 and a student insurance contribution of €1.30), or **€141.30** (the tuition fee for guest students of €140 and a student insurance contribution of €1.30) to the university's bank account (Name of bank: **Bank1Saar**, Saarbrücken; Account no.: **330000**; Bank sorting code (**BLZ**): **591 900 00**). Please include your student registration number [*Matrikelnummer*] or your name in the 'reasons for transfer' field [*Verwendungszweck*].

IBAN: DE19 5919 0000 0000 33 0000
(BIC) SWIFTCODE: SABA DE 5 S

2. Your **completed application form requesting registration as a guest student at Saarland University** and including the list of lectures, seminars or courses you wish to attend (as selected from the Guidebook on Continuing Education and Professional Development (*Studienführer Weiterbildung*)).

3. Your **guest student authorization card** (also including the list of lectures, seminars or courses you wish to attend).

Your application will only be processed if you have provided **all** of the required documents.

¹ Legal basis: Saarland Higher-Education Fees Act (incl. schedule of student fees)