

Please return to:
South Westphalia University of Applied
Sciences PO Box 20 61
58590 Iserlohn

Application to audit modules at the South Westphalia UAS

during the wintersemester _____
during the summersemester _____

for the Study Programme Bachelor Master _____

Personal Details

_____	_____
Last Name	First Name
_____	_____
Street and House Number	Postcode and Place
_____	_____
Date of Birth	Place of Birth (voluntary information)
_____	_____
Sex	Nationality
_____	_____
Telephone Number	

E-Mail	

Modules you would like to audit

I hereby certify that the information given above is correct.

Place, Date

Signature
