

# Application for admission to a Master's degree

An  
Goethe-Universität Frankfurt  
Master-Abteilung  
c/o uni-assist e.V.  
Helmholtzstrasse 2-9  
10587 Berlin

To be completed by the university  
University registration No.:

<<Registration number>>

Registration date:

Course record book and student card received

Application for admission for  
semester 20

1) Family name \_\_\_\_\_ 2) First name and any name affixes \_\_\_\_\_

3) Sex male  female  4) Place of birth \_\_\_\_\_ 5) Country of birth \_\_\_\_\_

6) Date of birth \_\_\_\_\_ 7) Name at birth (only if different from No. 1) \_\_\_\_\_ 8) Nationality \_\_\_\_\_

9) Postal address  
a) Street, house number \_\_\_\_\_

b) Additional address information \_\_\_\_\_

c) Postcode \_\_\_\_\_ d) City \_\_\_\_\_ e) License plate code \_\_\_\_\_

10) Telephone/Mail: Area code/telephone number \_\_\_\_\_

Email address: (voluntary) \_\_\_\_\_

11) Choice of masters degree course

12) When and where did you obtain your university entrance qualification (HZB)?  
a) Year obtained \_\_\_\_\_ b) Place \_\_\_\_\_ c) Type \_\_\_\_\_ d) License plate code \_\_\_\_\_  
Completed by university

e) University entrance qualification (HZB) for foreign applicants: \_\_\_\_\_

**13) University or university of cooperative education of the first registration in Germany**

Location of the university or university of cooperative education

Type of university												Year		Semester						
e.g. U, TH, TU, FH etc.														(SS=1, WS=2)						

**14) University semesters**

a) Total of all semesters at German universities or universities of cooperative education including the coming semester

--	--	--

b) Of which: vacation semesters

--	--	--

**15) Study abroad**

1<sup>st</sup> stay abroad

2<sup>nd</sup> stay abroad

Country/State \_\_\_\_\_

Number of months 

--	--	--

Purpose\*) 

--

Country/State \_\_\_\_\_

Number of months 

--	--	--

Purpose\*) 

--

\*) study related = 1    not study-related = 2    study-related stay without formal university study = 3

**16) Degrees already obtained (Germany and abroad)**

a) Penultimate final examination

Location of university: _____	Degree: _____	Course of studies: _____																
or university of cooperative education																		
Date of examination: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								Result: * <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				If passed, grade with 2 places after the decimal point <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
	*) BE =bestanden (passed) NB = nicht bestanden (failed) EN endgültig nicht bestanden (finally failed)																	

b) Last final examination

Location of university: _____	Degree: _____	Course of studies: _____																
or university of cooperative education																		
Date of examination: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								Result: * <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				If passed, grade with 2 places after the decimal point <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
	*) BE =bestanden (passed) NB = nicht bestanden (failed) EN endgültig nicht bestanden (finally failed)																	

## 17) Assurance

I hereby assure that the information I have provided is true and complete. I understand that the enrolment will be revoked in accordance with Section 66 (3) University Act of the State of Hesse if any of the information I have provided is found to be untrue or incomplete.

I furthermore assure that in the course of studies for which I have applied I have not finally failed part of an examination, a preliminary examination, an interim examination or a final examination at any German university.

Changes in address and civil/marital status must be notified to the office of the registrar (Studierendensekretariat) without undue delay.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature

To improve studying conditions for students with a disability, we need more information. By signing here, students with a disability can give their consent to information being passed on to the officer responsible for students with a disability. The data will be treated with utmost confidentiality and will only be used in connection with the support and advisory services of the university. (Voluntary information)

Place, date \_\_\_\_\_

Signature \_\_\_\_\_

## 18) Legal basis

The personal data (nos. 1 to 13 of the application form) is collected and processed in accordance with the current version of the decree on the processing of personal data and the enrolment procedure at universities in the State of Hesse. It can be obtained for inspection from any officer in the registrar's office.

Pursuant to Sections 2 and 7 of this decree on enrolment (ImmatrikulationsVO) you are required to provide the information requested in the application form for admission.

Should there be any indication that the information provided is incorrect or incomplete, the University can in such cases request additional documents and, if necessary, require that the applicant make a sworn declaration about past periods of study. Students who fail to fulfil these obligations cannot lay claim to any credits.

Only question 9 is voluntary. In this case, not answering the question will not involve any disadvantages. At the same time, reference is made to Section 8 Hessian Data Privacy Act (rights of those concerned): according to this law, you have a right to obtain information about data stored about you, to check that the data has been duly processed on account of special personal reasons, to inspect the public procedure directory, to correct and block or delete data stored about you, to indemnification should you have suffered damage due to the illegitimate or incorrect processing of your data and finally, to appeal to the data protection officer if you have reason to believe that your rights have been infringed in the processing of your data. If necessary, you can inspect the exact wording of Section 8 Data Privacy Act in the registrar's office or request a written copy thereof.

The data is processed in connection with your studies. The data may be passed on to the Hessian State Office for Statistics, student organisations and student services, the university libraries, the Ministry for Science and Art and to the competent health insurance fund. The data is deleted one year after deregistration (with the exception of: the family and first names, date of birth, course of study, university registration number and the data of enrolment and deregistration); this information will be deleted after sixty years.