

**Registration for Summer School Re-Unification – SARU 2022**

**(Please fill in this form on the computer or legibly with capital letters.)**

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| **First Name(s)** |  |
| **Last Name(s)**  |  |
| **Sex**  |  |
| **Date and place of birth**  |  |
| **Nationality**  |  |
| **Street**  |  |
| **ZIP Code**  |  |
| **City**  |  |
| **Country**  |  |
| **Mobile Number** |  |
| **E-mail**  |  |
| **Home university** |  |
| **(URL)** |  |
| **Field and level of study**  | g.e. Bachelor, Master, … in … |
| **Emergency contact** |  |
| **Covid-19 Vaccination Status (Number of Vaccinations & Date of last Vaccination)** |  |
| **Diet requirements (e.g. vegetarian, kosher/halal etc.)** |  |
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| **Allergy/ incompatibility** |  |
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