

**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.)** |  |
| |  |  | | --- | --- | | **Allergy/ incompatibility** |  | |  |  | |  |