

Place, date

Faculty of Sciences International Office Cauerstr. 11, 91058 Erlangen

Please send this registration form to: patrik.stoer@fau.de

NATFAK Buddy Programme Registration Form

Personal information:		
Surname		
First name		
Nationality		
Date of birth		
Study programme		
Sex	female: □	male: □
Contact address:		
Street		
Postal code, city		
E-mail		
<u> </u>		
Personal Background:		
Languages		
Abroad experiences		
(Countries/Length of stay		
in months)		
Preferences regarding the	e German Buddy:	
Preferred gender	, coman Daday.	
i referred genuer		
Remarks (hobbies,		
special needs,)		
Special fields,,		
l will arrive at Erlangen o	າ (date):	
Declaration: I hereby confir	m that I would like to partici	pate in the NATFAK Buddy Program
		I information (e-mail address) is
		n will not be disclosed for any other
purposes.	ay. The personal information	IT WIII HOT be disclosed for arry other
puiposes.		

signature