

Registration form

Student:

Mr. / Ms. (to be underlined): First name:

Date of birth: Surname:

Contact address during the course:

Streetname / number:..... E-mail:

Postal code / city: Phone:

Contact of the person responsible for payment:

First name: Streetname / number:

Surname: Postal code / city:

Phone: E-mail:

Course:

Please select your course type:

- | | | |
|--|--|--|
| <input type="checkbox"/> ETH reduced entrance exam | <input type="checkbox"/> ETH comprehensive entrance exam | <input type="checkbox"/> College of higher educat. |
| <input type="checkbox"/> ECUS | <input type="checkbox"/> University Zurich | <input type="checkbox"/> Correspondence course |

Further specifications:

- | | | |
|--|--|--|
| <input type="checkbox"/> on weekly basis | <input type="checkbox"/> 2-year course | <input type="checkbox"/> German level C1 |
|--|--|--|

Course duration: start: end:

Total cost for the chosen course:

CHF:

I have read the terms and conditions of enrolment and understand that they are binding.

Important: By registering you enter a legally binding school contract. Your spot in the course is guaranteed after entrance of your course fee.

The student:

The person responsible for paying the costs:

Place and date:

Place and date:

Signature:

Signature:

Chosen study subject:

Your preknowledge:

Title of your last degree:

Country / School of your graduation:

Graduation marks / Points:

| SUBJECT: | GRADE / POINTS | LEVEL |
|-------------|----------------|-------|
| Mathematics | | |
| Physics | | |
| Chemistry | | |
| Biology | | |
| German | | |
|: | | |
|: | | |