

## ESCT Course Registration (BA, MA, PS)

### Personal Information

Name		First Name	
Street			
City Code	City	Country	
Email			Date of Birth
Phone	Mobile	Other	

### Issue invoice to

my address	following address	AWM-Förderverein
Name person or organization		Email
Street		
City Code	City	Country

### Discounts

I request the spousal discount (to be approved by ESCT Student Services)		
AEM-DE	AEM-CH	Ev. BG Korntal
discount for concurrently registering for 5 courses within 12 months	Scholarship from friends of the University <small>(Documents must be submitted before the end of the registration deadline.)</small>	

### Ministry Context (if applicable)

Organization	Country of Ministry
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### Course

AWM-Course-No	Course Title
CIU-Course-No	Dates of the on-campus period

### I register for this course as

regular student	auditor
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### Room and Board \*

DR	SR	no room	Arrival	Departure
Lunch on class days			Full room and board requested	
Special needs (Allergies, dietary needs):				

\*Please note that meals will only be served if a sufficient number of people have signed up. Self-catering is possible on each floor.

Accept terms & conditions	Accept Data Protection
Date, Signature of Student	Date, Signature of Academic Advisor

### For office use only

AWM-Student-ID	CIU-Student-ID	Last Course
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