|  |  |  |
| --- | --- | --- |
| Current date: (dd / mm / yyyyy) | : |  |
| Personal data: |  |  |
| First Name: | : |  |
| Initials: | : |  |
| Last name: | : |  |
| Date of birth: (dd / mm / yyyyy) | : |  |
| City and country of birth: | : |  |
| Gender | : |  |
| Nationality: | : |  |
| Current address (parent(s / guardian): |  |  |
| Street & House number: | :: |  |
| Postal Code / province / state: | : |  |
| City: | : |  |
| Country: | : |  |
| Contact: |  |  |
| Mobile phone: | : |  |
| Phone number parent (s) / guardian | : |  |
| Your e-mail address | : |  |
| E-mail address parent (s) / guardian | : |  |
| 1st emergency number (relation to resident) | : |  |
| 2nd emergency number (relation to resident) | : |  |
| Other: |  |  |
| University and faculty: | : |  |
| Do you smoke (yes / no)? | : |  |
| Comment | : |  |
| Room preference TOP 3: |  | Building + Roomnumber |
| Nr 1. |  |  |
| Nr 2. |  |  |
| Nr 3. |  |  |
| No preference |  |  |